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**PERSON-CENTRED COUNSELLORS'  
EXPERIENCES OF WORKING WITHIN TIME  
BOUNDARIES:  
A HEURISTIC INFORMED ENQUIRY**

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**Dissertation submitted to the University of Chester  
For the Degree of Master of Arts  
(Counselling Studies) in part fulfilment of the modular  
Programme in Counselling Studies**

**November 2011**

## **ABSTRACT**

Many counselling services are finding it necessary, due to limited resources, to limit the total number of sessions available to each service user, whilst also providing quality evidence-based practice. This creates a challenge for those delivering services in terms of achieving measurable results in a brief time scale, and particularly for person-centred counsellors who value process over outcomes and will perhaps not have been trained to deliver brief therapy. The aim of this small-scale study is to interview five person-centred counsellors with experience of both open-ended and time-limited practice, to explore their experiences of time-limited therapy. Using the qualitative heuristic inquiry methodology I have endeavoured to capture each co-participants' experience and compare this with the experiences of the other co-participants to discover emerging themes which were discussed in relation to the literature review.

Until recently, little has been written about a model of person-centred brief therapy. Early studies were conducted on brief therapy and time-limited therapy. Person-centred practitioners are divided on their view of brief therapy being compatible with the approach. Those who do believe it to be compatible consider experiential integration to be the essential ingredient to success. Classical person-centred practitioners would argue that this does not embrace the non-directivity of the approach.

Results from this study correlate with recent literature and research findings that integrating experiential processing allows for successful brief person-centred therapy. Working in this way is demanding of the therapist, and is influenced by the environment and culture. It does not require working with strategies or techniques, but is practiced as an adaptation of the person-centred philosophy. Three areas were highlighted by all participants as being of particular relevance to this work: the relationship and process, the confidence of the counsellor and their attitudes.

## DECLARATION

The work is original and has not been submitted previously  
in support of any qualification or course.

Signed

**Liz Hynes**

Dated

**November 2011**

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**Mum and Dad**

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**TO**

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## **ABBREVIATIONS USED**

<b>BACP</b>	British association for Counselling and Psychotherapy
<b>BAPCA</b>	British Association for the Person-Centred Approach
<b>CBT</b>	Cognitive Behavioural Therapy
<b>EAP's</b>	Employee Assistance Programmes
<b>GAD7</b>	Generalised Anxiety Disorder Questionnaire
<b>IAPT</b>	Improving access to Psychological Therapies
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Clinical Excellence
<b>PCA</b>	Person-Centred Approach
<b>PHQ9</b>	Patient Health Questionnaire
<b>RTC's</b>	Randomised Controlled Trials

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## **INTRODUCTION**

### **Background**

A recent government initiative proposed by Lord Layard (2006) was concerned with providing evidence-based practice and following on from this many voluntary agencies have taken to introducing time limits to their services, following NHS directives. The proposal was made following Layard's work on depression and happiness (2005), and with sympathy for the National Institute for Health and Clinical Excellence (NICE) which favours the medical model and manualised interventions, tested through randomised controlled trials (RTC's) within its guidelines for NHS services. With the aim of reducing the number of people in receipt of invalidity benefit, the Government at the time committed to train mental health professionals to deliver brief cognitive behavioural therapy (CBT) through the initiative Increasing Access to Psychological therapies (IAPT).

This move clearly valued outcome over process and resulted in some person-centred practitioners adopting an integrative approach whereby they use strategies and interventions in a 'person-centred' way. For others, this proved to be problematic at a philosophical level as the different theories have very different core values and beliefs about human nature and the nature of helping. Warner states "there are very real dangers in trying to mix interventions and theories at different levels of intervention, since these therapies are grounded in quite different types of therapeutic relationship." (Cited in Tudor 2008, p7).

Occupational Health Services, insurance schemes and Employee Assistance Programmes (EAP's) have in recent years increased their counselling provision due to increased stress in the workplace and in response to their requirement to have a duty of care for employees (Health & Safety at Work Regulations, 1999), but these services, due to demand, are for short term counselling only and funding is approved based on evidence-based therapies. School and university counselling services and those offered in prisons need to adapt to these particular transient environments and so by nature are provided generally as short term, and with prison services comes the additional possibility that any session could be the last one due to clients being moved on. Hopwood, Project Manager for Hounslow Youth Counselling service at Feltham Young Offenders Institute, treats every session "as if it is our last." (2008, p149).

The current movement towards time limited services is seen as problematic for many counsellors who have been trained in the classically person-centred approach for two reasons. Firstly, the person-centred modality is subjective and therefore less measurable in quantitative terms. Secondly, the theory has at its heart a non-directive attitude and a valuing of the client's internal locus of evaluation, suggesting, or generally interpreted as meaning, that the ending should be when the client chooses. Mearns, in 2002, refused to run a time limited service. Both he and Thorne (1999), and Wakefield (2005) see a time limit as a target which implies a structure, and encourages a focus or directivity. Tudor responds to these ideas believing that there is no need to adopt a structure focus or to be directive; in fact it is more important not to within a time limited frame, as stated by Rogers himself.

The counsellor is often faced with situations in which he knows that he will be limited to but one interview, or in which he is sure that he cannot carry on extended treatment. In such instances, the common practice is to be completely directive. Since time is short, the counsellor quickly grasps the problem as he sees it, giving advice, persuading, directing (Rogers 1942, p172)

Rogers concludes that the results of such interventions are "thoroughly bad" ( p172), and that non-directive, relationship therapy is, in such circumstances, the therapy of choice. He continues to stress that "if we can recognise this limit, and refrain from playing a self-satisfying Jehovah role, we can offer a very definite kind of clarifying help, even in a short space of time". How then did the current attitude of person-centred counsellors develop? Current training implies that the approach does not suit short term services; that it should be offered preferably in an open-ended manner in order to embrace completely the non-directive value and belief in the uniqueness of each individual, and their right to allow the process to develop and end at its own pace. This value arises from a very classical and literal view of the approach and perhaps within an ideal world where resources abound.

Time limits within therapy have been discussed since therapy began. Freud (cited in Tudor, 2008) concluded that limiting therapy time would drive material back into the unconscious and so did not favour it. Some of the earliest research into the effectiveness of time limited therapy was conducted by Shlien in 1957. Shlien was a student of Rogers, who conducted the research in response to the then long waiting

lists. He concluded that time limited therapy was as effective as unlimited therapy although he still believed that imposing a limit was not ideal.

Wakefield & Wakefield (2005) argue that there is no need to time limit a service as it will be self-regulating. They hold the view that to impose a time limit is unwise, but that most clients will opt to engage for a shorter time given freedom of choice. Such self-regulating services are not of interest to this study, only those where the time limit is set by the service as it is this externally imposed limit that creates the debate. As previously discussed, therapeutic movement is generally considered as being possible within even a very short space of time.

Toal states that “brief therapy has developed due to market forces, not therapeutic need.” (Cited in Tudor, 2008, p1). Thorne (Cited in Gibbard, in press) suggests that short term counselling is a dysfunctional response to a sick society. As therapists it is vital that we work with realities even if they are considered to be socially constructed, and with existential realities of the client’s world. The imposed time limit of services will have a different meaning for each individual client and evoke a different response. There is an argument however that people will take as long as they have, and that a time limit can ‘focus the mind.’ “Depend upon it, Sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully.” (Boswell, 1887, p167).

Gibbard (2004, 2006) believes that the person-centred approach can be adapted to working with a time limit. She carried out an audit of 744 clients accessing a primary care twelve session model service that she manages, in which 513 completed pre and post therapy outcome measures. Of those, 98% of respondents were satisfied with the service, 93% found it helpful, and 73% felt better afterwards.

## **Aims**

To explore 'Person-centred counsellors' experiences of working within time boundaries'

The aim of research is to answer questions and to generate new questions (McLeod, 2003). This piece of qualitative research comes from personal and professional interest in the concept of time and relationships to time. It is intended, through recorded interviews, to question and explore how co-participants view and manage time limited work and any theoretical tensions arising. I set out to allow participants to reflect on their own relationships with clients and to consider what feels helpful in their brief work and how they would describe what it is that feels helpful in theoretical terms. This data was then compared with that from other participants in order to discover similarities and themes, and then compared further with sources of literature. There is a growing expectation from services to set goals, give advice and work in directive ways to varying degrees in order to produce easily measurable outcomes which are not conducive to the person-centred approach, thus creating implications for the practitioner holding person-centred values.

By time-limited, I mean where an organisation sets an upper limit on the number of sessions that will be available to clients e.g. six or twelve. I do not use the term 'brief therapy' as I understand this to be more of a model, i.e. brief intervention or solution focused brief therapy, rather than a boundary set by a service, which may use one model or offer several. Tudor (2008) would seem to be in agreement with these definitions. What current literature is suggesting is that there is a model of person-centred brief therapy emerging, which is suitable for a time-limited service.

## **Professional Relevance**

Moustakas (1990) states that topics chosen for research will have a relevance to the researcher, conscious or not. I am employed in occupational counselling. I work for an occupational counselling service, an occupational health provider and as an associate for various EAP's. These services provide well paid regular income for an increasing number of counsellors. They are intended to be time limited and with the focus on keeping the employee in work or getting them back into work in cases of absence and to assist employees with adjusting to organisational change.

The pressure to have clinical strategies and solution plans in place for clients can be difficult and uncomfortable for me at times. It is at these times that I need to feel grounded in my own approach to therapy, and not treatment. Working as a counsellor is sometimes a lonely and isolated place to be, especially when strong voices such as the NHS and the Government are at best tolerant and sometimes dismissive of my chosen approach. My motivation for exploring this topic area was partly to find some solidarity and also to test out my idiosyncratic practice alongside that of others.

I have explained the relevance of this topic for me on a personal level. The wider interest in the topic is very current due to the Improving Access to Psychological Therapies (IAPT) programme and the current professional debates around protected titles, similarities and differences in practice and regulation. Although the movement towards statutory regulation proposed by the last government has now ceased due to the change in government, the process that professionals in the field have been engaged in in recent years, in preparation for statutory regulation, has created tensions. Current movement would seem to be towards voluntary regulation and

standards of proficiency. These standards of proficiency are increasingly concerned with fast outcomes in response to service demands.

Although the IAPT programme does recognise person-centred counselling, it certainly does not appear to be regarded as highly as CBT as the chosen model. This research is of particular relevance to counsellors, supervisors and trainers of the person-centred community, who have complete faith in the model and hold dear the values and philosophy of the approach, and who endeavour to consider promoting it as an alternative effective model of brief therapy rather than compromising their practice by trying to integrate techniques from a very different form of helping.

### **Heuristic Stance**

Time is a precious commodity to me, there is so much that I want to do with my time, I am generally very time conscious continually making active choices about how I spend this commodity.

During the research and writing of this study the meaning of time has been uppermost in my mind. Firstly, because of the focus of the study: I have been aware of the attitudes concerning time of all those I have encountered in my work and socially; co-researchers, clients and colleagues, friends and family, and I have become sensitive to very differing attitudes. Secondly, due to some personal experiences I have been exposed to during this time, and these experiences, although mainly painful and unpleasant, they have provided rich material for my internal processing. Learning to dance in time has provided me with a fitting parallel

process; I try to dance in time, I try to dance in time with my clients, I try to dance in time with life.

I have experienced the grief of loss, the pain of watching loved ones fall ill, a relationship breakdown and many frustrations concerned with work, finances, and other family issues that I am not at liberty to share due to protecting the confidentiality of others. Time has passed both quickly and slowly! I have taken the time available to me. Had I had less time, then I believe I would have been more focused. However, once the time came to write up my findings, I sat looking at a blank screen for many hours, and when the time was right, I became inspired and suddenly knew what was required at a level previously not understood.

The poem that follows describes different relationships that we all experience with others and for me perhaps touches on the intimate value of the counselling relationship.



**People come into your life for a reason, a season, or a lifetime.**

*When someone comes for a reason*

*It is usually to meet a need you have expressed*

*They have come to assist you through a difficulty, to provide you with guidance and support*

*And to aid you physically, emotionally or spiritually*

*They may seem like a godsend, and they are*

*They are there for the reason you need them to be*

*Then, without any wrongdoing on your part*

*Or at an inconvenient time, this person will say or do something to bring the relationship to an end*

*Sometimes they might die*

*Sometimes they will walk away*

*Sometimes they act up and force you to make a stand*

*What we don't realise is that our need has been met*

*Our desire fulfilled, their work is done*

*The prayer you sent up has been answered*

*And now it's time to move on*

*Then people come into your life for a season*

*Because your turn has come to share, grow or learn*

*They bring you an experience of peace or make you laugh*

*They may teach you something you have never done*

*They usually give you an unbelievable amount of joy*

*Believe it, it is real*

*But only for a season*

*Lifetime relationships teach us lifetime lessons*

*Things you must build upon in order to have a solid emotional foundation*

*Your job is to accept the lesson, love the person*

*And put what you have learned into use in all*

*Other relationships and areas of your life*

*It is said that love is blind*

*But friendship is clairvoyant (Anon)*

## LITERATURE REVIEW

*“The knowledge that time is limited gives the therapist the freedom to work at a level of intensity that would be impossible if there was no end in sight.”*

(Shlien.Cited in Gibbard, in press)

### Introduction and Search strategy

A thematic approach literature search was conducted in the spirit of qualitative research, following the collection of data, in order to limit bias (McLeod, 2003, Silverman, 2005). A smaller preliminary search had been previously explored at the time of selecting the topic of research. Due to the fact that the topic was of interest to me, I had possession of articles, journals and books relating to the area. These proved to be the greatest source of appropriate literature. I found citation tracking fruitful in leading to different additional appropriate articles.

In addition to this, I searched electronic data bases: **web of science**, **psych info** and **pub med**, using terms **‘time limited’**, **‘brief’**, and **‘short term’**, even though I see each of these terms as having a different meaning. These were linked with, **‘person-centred’**, and **‘client-centred’**, and with **‘counselling’** and **‘therapy’**. Nothing of value that was not already in my possession was uncovered. Some European research was identified but was not available in English translation. The probable reason for such limited resources being that until very recently person-centred counselling was not considered as a time limited model. I then searched for

all articles from the past five years from the online journal Psychology & Psychotherapy: Theory Research and Practice. It is acknowledged that it is impossible to view all published materials (Orlinsky, Grawe and Parks).

The following were the main articles/books found to be relating to this research: Time-Limited Person-Centred Counselling in Primary Care; *Brief Person-Centred Therapies*; Moments of eternity/movement; Experiential congruence;

Time-Limited Person-Centred Counselling in Primary Care

Literature uncovered was presented by Weller (2008), Wakefield (2005), Wakefield & Wakefield (2005), Gibbard (2004, 2006), and Gibbard & Baker (2008), supported by audits of their respective services. These articles highlight the main debate as being round the imposing of the time-limit and add valuable understanding to the different beliefs within the person-centred time limited position.

Knight's (2008) research was concerned with assessment but covered some related concepts, including tensions around integrating agency needs with the person-centred philosophy, and lack of guidelines and research. Her discussion included similar themes to those emerging in this study concerning the counsellors attitude, the influence that time-limited counselling has on the clients' process, relationship building, the experience of the counsellor and use of supervision.

Brief Person-Centred Therapies.

Many contributors to the Tudor(2008) book describe their experientially informed practice in various settings, reminding us of the various reasons for time-limited services and also of the fact that, although little has been written on the topic until recently, as a practice, time-limited person-centred counselling is alive and existing.

## Moments of Eternity

O'Hara (1999) presents findings that offer an alternative approach to brief therapy to that of the medical model, one of a paradigm more fitting the beliefs of the person-centred community.

## Experiential Congruence

Grafanaki & McLeod (2002) look at the condition of congruence as being fundamental in experiential person-centred counselling and contributing greatly to moments of movement. This was the only article found, that addressed the condition of congruence, although others referred to the therapists' use of self.

Topics emerging from the literature review included: Integrating experiential person-centred counselling, time consciousness, self-regulation, non-directivity, the quality of the relationship, attitudes & beliefs, power & control.

Three main considerations, central to all articles appeared to be: the current person-centred position, the time limited debate and the person-centred time limited position.

After reading a chapter written by Gibbard (2008), I made contact with her, to discover that she has written her own book, an expansion of her published articles and chapters and the second book of its kind on the topic but which is as yet unpublished. She was kind enough to send me a copy of her work, which has also been used as a key reference within the study, with her full permission.

## **The Current Person-Centred Position**

The study originates in interesting times. There is currently a climate of debate and respectful conflict in the interpretation and practice of Rogers' work; clearly there are differences within the approach. Rogers firstly created the notion of 'non-directive therapy', which he later changed to 'client centred therapy' and later still to the 'person-centred approach' which he used to describe the application to areas outside of therapy, although still referring to one-to-one therapy as client-centred. Sanders (2004) suggests that practitioners choosing to call their practice of one to one therapy person-centred are perhaps doing so to distinguish from what they perceive to be "rigid, purist or fundamental" (p16) practice of those calling themselves client centred.

Steve Vincent (1999) speaking as then Chair of the British Association for the Person Centred Approach (BAPCA) stated "The person-centred approach is a broad umbrella and can be applied in so many different fields – we can look at communities, politics, education, not just one to one therapy" (p15). He continues to distinguish two camps within the approach: those concerned with development of the theory and those who believe that by introducing anything from other approaches implies that the necessary and sufficient conditions are not so.

Rogers' theory began with his interest in forming good relationships as early as 1939 when his first book *The Clinical Treatment of the Problem Child* was published based on his work at the Rochester Society for the Prevention of Cruelty to Children. He emphasised the self-directed process that he witnessed in clients and so non-directive therapy was born.

His early theory of personality was influenced not only by humanistic principles but also built on ideas from existentialism and phenomenology. The 'person-centred approach' is now considered to include not only classical practitioners, who are once again increasingly identifying as 'client-centred', but also those who embrace experiential theories, primarily those of Gendlin, Rennie, Greenberg, Rice and Elliott.

Experiential theories are concerned with clients becoming more in touch with their inner flow of experiencing and also with the therapist being aware of their own experiencing in order to allow for a more enriched relationship. Gendlin (1967), following his work with Rogers which became known as the Wisconsin project, describes this work as demanding more of the counsellor. Rennie (1998) also agrees that the counsellor is required to be more active in drawing attention to not only what the client says, but also how they say it and what is happening as they say it.

These strands of practice are all considered to be primary models built on principles which distinguish them from classical client centred principles, but are also often used as secondary strands of classical client centred practice, and are described as tribes (Sanders 2004). Rogers himself was influenced by these theories, often working alongside the pioneers on research. It is suggested that perhaps it is this strand of practice that can offer an effective alternative to the more accepted and commonly used approaches to time limited work (Gibbard 2006; Gibbard & Baker 2008).

### **The Time Limited Debate**

Winter (2008) reminds us that life is time limited and she shares her discovery that her clients were far less bothered by the boundary than she was. Life, or to live,

presents uncertainty and to embrace this uncertainty is perhaps the way to embrace time limited person-centred therapy.

Many practitioners do not consider the approach to be compatible with time limits. (Mearns & Thorne 1999; Mearns 2002; Wakefield 2005; MacDonald 2006). Since the fifties, little has been written about time-limited person-centred therapy, until the recent publication of Keith Tudor's, '*Brief Person-Centred Therapies.*' (2008). Casemore (2007) believes that it takes more than six weeks to establish a relationship and therefore any activity engaged in which is for less than this, cannot be described as counselling. Bryant-Jefferies would agree that the six conditions experienced over only a short time would not have a 'growthful' impact on the client or be the responsibility of the counsellor to bear (2003). Strausser & Strausser (1997) claim that limits create pressures for both client and counsellor.

Rogers maintained that ideally time limits be with regard to the length of sessions only, and not to the duration of the therapy. He suggests that the limit provides an opportunity of "adjustment, giving opportunity to work with feelings and patterns with which he (the client) responds to larger issues." (Rogers 1940. p101). Taft considered externally imposed limits as existential limits within which we all must live and argued that even one hour of therapy can facilitate transformation (1993). Person-centred encounter groups usually arranged over two days, often give witness to very significant life changing experiences and Rogers himself has written of the long term impact of single counselling sessions (1977).

Research by Shlien , Mosak & Dreikurs (1962) and King, Sibbald, Ward, Bower, Lloyd, Gabbay & Byford (2000) has concluded that person-centred brief work compares favourably with that of other approaches. Perhaps the earliest research

into time limited therapy was conducted earlier by Shlien (1957). Results at this time showed time limited person-centred therapy compared favourably with longer term work, although he also found some negative effects when clients viewed ending as unwelcome and limiting their autonomy. Studies by Howard, Kopta, Krauss & Orlinski (1986) and Cornelius-White (2003) have suggested that the most significant change occurs early on in therapy. Thorne, as Director of a university counselling service, conducted a pilot study in which he concluded that very short term person-centred counselling can bring significant results with self-selected and highly motivated clients. This pre-requisite would appear to be of significance in this particular study. When clients volunteer for a time limited service, they do not feel violated as they may when these decisions are made externally to the therapeutic relationship (O'Hara 1999).

O'Hara's (1999) own informal survey includes responses from therapists working in Latin America, Australia, Europe and North America, and in a range of services. Most respondents said that although they did not favour artificially imposed limits, it was reasonable to expect positive results in eight to twelve sessions. In this, and other studies (Timulak and Lietaer 2001), the researchers were looking for 'moments of eternity', or 'moments of empowerment', with positive results showing that clients will 'move' or 'have moments of movement' in whatever time frame ( O'Hara 1990).

Cornelius-White (2003) researched a college counselling service where clients had an average of 7.72 sessions, showing consistent improvement and with most significant gain happening within the first four weeks. Wakefield (2005) challenges the need for externally imposed time limits, believing that services will be self-



regulating. An audit into her service concluded that between 60% and 70% of clients stayed for fewer than twelve sessions with the average being between six and ten.

### **The Person Centred Time Limited Position**

Gibbard believes that 'the person-centred approach does have to be adapted to working to a time limit, (Gibbard 2004, p45). She describes creating the opportunity for insight as the key to a successful outcome. The opportunity is facilitated by the counsellor drawing the clients' attention to 'what they are not talking about' (2004, p45). She has come to believe that not only is this possible, but that it is also beneficial. Her critics would suggest that her model undermines the principle of non-directivity, shows a lack of respect and trust of the client and their process, and that it is goal orientated and lacks unconditional positive regard. (Gibbard in press). However, Lietaer (1998) considers non-directivity to be an impossible concept and Bowen describes it as a myth (Cited in Wilkins 2003).

Taft (1993) discussed therapists' views on boundaries and noticed that for many therapists the imposition of a time limit evokes more therapist reactions than any other boundary imposition. She concludes that successful time limited therapy depends on the personal development of the therapist (1993). Hoyt (1990) talks of "seizing the moment" being important in relation to the fact that "change can occur in the moment" (p115). He stresses that the therapist needs to be "active, alert, selectively focused , intuitive and to take risks" (p117).

What sets the person-centred approach apart from other modalities, is, the beliefs of its followers. The approach is based on the belief that persons are not in need of being fixed of psychological symptoms, and therefore it sits outside of the medical

model. There are many realities and we all, being unique in our experiencing of reality, have the capacity, and most valued resources to self-heal, through a natural tendency, as organisms, to actualise and that this will and should occur at the natural pace of the client. This, requires a favourable environment and given that favourable environment, by offering the six necessary and sufficient conditions (Rogers 1957), the process of constructive personality change will occur. The genuine attitudes, values and personal qualities of the counsellor, which Rogers called 'a way of being', (1980) are considered to be far more important than skills and techniques.

This clearly demonstrates how a person-centred time limited model will differ significantly from the array of solution focused brief therapy models currently on offer, which rely on strategic approaches to the problems and symptoms as presented by the client. The person-centred counsellor will endeavour to encounter the others' phenomenal world in a relational I - thou (Buber 1970) experience and encouraging an internal, rather than external, locus of evaluation. A truly different paradigm involving perhaps collaborative power as described by Natiello (2001), whereby there is an ethos of openness.

Rogers stated that the necessary and sufficient conditions should be experienced consistently and over time for change to occur. He described a seven stage process which he observed in clients, concluding that change would happen when the client was ready (Rogers 1961). This poses the question for the current study; can this process be speeded up in a safe and helpful way?

Current social economic movement places value on performance indicators, accountability, duty of care and short-term effectiveness, therefore almost all

therapeutic services available, excepting privately contracted arrangements, now appear to offer only a stated number of sessions as available.

This trend has embraced CBT as the most widely used therapy which has perhaps lead to the polarisation of CBT and other psychological therapies' (Gibbard & Baker 2008 ). There is a view that person-centred counsellors can integrate CBT into their practice but for many practitioners this is problematic due to differing core beliefs. Claims that a cognitive behavioural approach to therapy is more successful however are not substantiated by current research. Stiles, Twigg, Mellor-Clark & Cooper (2006, p555) agreed with earlier findings, as their study concluded that 'different approaches tend to have equivalent outcomes.' An alternative option for the person-centred practitioner is to embrace the experiential symbolised experience concept, i.e. working with awareness of all of our experiencing in terms of process and pre-symbolised experience. Lietaer describes the approach as being 'less about removing obstacles to the client changing, and more about acting as a facilitator to the client as they embrace the struggle to change' (2002 cited in Sanders, p86)

What is new and more structured is to attend to how the client processes their experiencing, to be aware of the clients' delivery and to the choice of words. By doing so the counsellor can tentatively and with careful empathic attunement invite the client to 'turn round' inwardly and connect with the raw visceral understanding of this distress" (McLeod 2008. Cited in Gibbard & Baker 2008, p16)

It is clear from the available literature that there is a difference between a classical approach to the PCA and an experiential approach and that those at the experiential end of the spectrum believe that this makes time-limited work possible and effective. Those favouring a more classical view would consider this not to be person-centred and argue that it is in itself a goal and so not compatible.

### **Literature Conclusion**

*A limit on time helps to focus the mind 'Depend on it, Sir, when a man knows he is to be hanged in a fortnight, it concentrates the mind wonderfully.'*

(Boswel. Cited in Tutor 2008, p20)

It would seem that there are, within person-centred literature essentially two perspectives on the limits and limitations of therapy with regard to time. "One, which acknowledges limits and their existence, and argues their benefit, and another which argues that the approach is simply not compatible with time limits." (Tudor 2008, p17). Those working in a person-centred time limited service would appear to believe in the fundamental principles of person-centred theory but their application of this varies, as does their interpretation of non-directivity and perhaps their view of the necessary and sufficient conditions. In addition to this there is a strong pull in those offering time-limited person-centred counselling towards the experiential theories.

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## METHODOLOGY

### Research Design

*Now that I am older  
and a woman  
I am reflexive  
In research  
and cock a snook at those  
expecting me  
to leave me out of it.*

*I converse with you,  
not simply 'interview',  
use everything you give to me:  
diaries, paintings, poems too.  
I write in wobbly stanzas  
and different fonts  
to show your life as well as mine.*

*I say 'I' as well as 'you'  
and let you see my part  
In what's been said  
even when they worry I will spoil  
the precious data  
by being up too close  
and personal.*

*I tell stories at conferences  
without overheads  
and walk about the room  
write journal papers  
of more than 4000 words*

*and use funny titles  
that make you laugh.*

*Sometimes I even dress  
in purple  
no shoulder-pads at all  
And maybe soon  
When speaking from a platform  
I'll be wearing a hat that's red  
That really doesn't go.*

(Kim Etherington 2004, p. 86)

I am older and a woman, but an infant researcher and yet I smile when I read this. I too tell stories at conferences without overheads, and see this as slightly rebellious. It feels to me that I have chosen a rebellious methodology for my research, and for this I am grateful, for it fits well for me.

As a novice researcher it felt important to engage with a methodology which would sit with my own values and philosophy. Traditional, quantitative methods, from the positivist perspective, concerned with measures and statistics would not capture the essence of personal experiences in the way in which I desired. I wanted my co-researchers to have a voice, or indeed any other method of expression such as poetry or art, and that together we would discover and find a way to engage with the topic in question in a personally meaningful way. My aim was not to gather proof, but

to discover. McLeod describes qualitative research as allowing understanding of the meaning of things (McLeod 1994).

A phenomenological, or observed, qualitative research method, based on understanding the meaning of events for those involved in studies, from the social constructionist perspective, was chosen (Gergen 1985,1999) . Qualitative research involves gathering and analysing data and offering an interpretation of the data constructed jointly between the primary researcher and the co-researchers. This paradigm is described as “the best means of discovering lived experiences.” (McLeod 1994, p78). Lincoln & Guba describe this as engaging with ‘human as instrument’ (1989). A comparative mode of discovery ( Maykut & Morehouse 1994) was used, meaning that interviews were interpreted by the primary researcher to reflect the complexity of each co-researchers’ unique human experience and the meaning of that experience for the individual. Common emerging themes and concepts were identified allowing for the development of meaningful data.

The qualitative paradigm is focused on process rather than outcome, and is increasingly being accepted as a trustworthy and reliable alternative in the humanities and social sciences sector to the more traditional quantitative methods (McLeod 2003). The heuristic methodology, derived from phenomenology, (Moustakas, 1990) was favoured as this allows for the primary researcher to play a more active part being more equally involved in the process and to engage through reflexivity (Etherington, 2004). Grounded theory, which aims to develop a theory or model with the primary researcher taking an objective role (McLeod 2003) was considered as a methodology. However the research focus was to be a personal exploration with the aim of developing understanding for myself and my co-

researchers into our own unique idiosyncratic practices of a shared theoretical model or culture. In essence, how have we developed individual ways of working in a time limited frame, what are the similarities and differences in our ways of working? Is there an emerging model? Grounded theory therefore felt too broad for this piece of work and also too restrictive for me personally. The author is to be considered the primary researcher, and my five interviewees, the co-researchers.

Heuristic inquiry begins with a question or problem that the researcher wishes to explore (Moustakas 1990). Heuristic methodology is demanding on the researcher and must involve passionate witnessing and commitment, and the willingness to search inwardly. The subject topic will grow from the experience and curiosity of the researcher, and will be an attempt to better know one's own understanding of the topic. My own title was inspired by my questioning of my practice. Often, as with any useful engagement in a learning process, the outcome will raise more questions and areas for further research. The process of this approach included my own reflections on experiences, and the knowledge that I gained from each co-researcher influenced the inquiry process for the interviews that followed.

“Passionate and discerning personal involvement of problem solving, an effort to know the essence of some aspect of life through the internal pathways of the self.... When utilised as a framework for research, it offers a disciplined pursuit of essential meanings connected with everyday experiences.”  
(Moustakas & Douglas, cited in Etherington 2004, p16)



Questioning human experience forms my relationships with friends, family and clients. I am changed by my encounters with others. "Reflexivity is a skill we develop as counsellors: an ability to notice our responses to the world around us, other people and events, and use that knowledge to inform our actions, communications and understandings."(Etherington, 2004, p18).

I needed to be fully present in relationship with my co-researchers in order to transfer their experiences in a true and valuable way into a readable and meaningful dissertation. Gergen & Gergen hold the view "we live storied lives, and through these stories of life experiences we hear cultural and context situated values, and the cultural and context situated values of each co-researcher are evident in their responses, sometimes congruent with their personal philosophy, and sometimes in conflict" (Cited in Etherington 2004, p75) .

Moustakas (1990) describes six phases of heuristic inquiry: initial engagement, immersion, incubation, illumination, explication and creative synthesis. "It involves a willingness to gaze with unwavering attention and concentration into some facet of human experience in order to understand its constituent qualities and its wholeness" (Moustakas, 1990, p24). This describes a kinaesthetic and subjective sense of how this methodology differs from the traditional positivist, objective approach.

My initial engagement was borne from a sense of my practice changing due to external demands, and the internal pull to stay true to myself. I was interested to hear from others with similar tensions, to have professional discussions in a very intimate and personal manner with others passionate about their work and simultaneously finding a 'fit' for their philosophy. Moustakas talks of 'forces coming together to form a question' (1990).

Periods of immersion were focused at times on different themes emerging from the study, and at other times were more generally experienced. Immersion involved reading and re-reading, reflecting and analysing. I found that even at times when the research was not my immediate concern, thoughts, ideas and new understanding would occur. Moustakas states that 'the researcher is alert to all possibilities for meaning and enters fully into life with others wherever the theme is being expressed or talked about' (1990, p28).

The incubation periods, in plural, which I allowed throughout the process, were invaluable in allowing me to put the work aside in order to attend to the many challenges that life threw at me at the time of committing to the study. My natural impatient nature would most certainly not have led me to have given over such amounts of time to incubation had life not set me these challenges. However, with each period of time away from what at times of immersion, were all consuming thoughts, feelings and experiences, then I wouldn't have had the many personal 'light-bulb' moments that proved so useful. Each period of rest allowed me to see with fresh eyes and interest.

Illumination developed at both times of immersion and times of incubation. Thoughts would come to me when engaging with clients, colleagues, supervisees. I would make connections that I had not considered before, and new meanings would develop as I unexpectedly reflected differently on what had been discussed in interviews.

Explication was the most difficult stage for me: considering themes and sub-themes, looking for meaning in what others presented. In other ways it was significant in helping me to understand my own discoveries. Once the data was fully in my

awareness, I wanted to capture somehow what it was that I felt with each individual participant.

Narrative and metaphor form part of normal interaction, and within the narrative and metaphor are important messages about the values and principles, experiences and behaviours of the speaker. The telling of stories and metaphorical symbolisation is rich material for interpretation and use within the chosen research method. Participants often chose to give examples of their interactions with clients to express their way of working. These examples were then checked within the interview, or later through telephone conversations, to ensure that I had captured the meaning. “When we use our own stories, or those of others, for research, we give testimony to what we have witnessed; and that testimony creates a voice” (Etherington, 2000, p17).

## **Procedure**

Ethical approval was received from the University of Chester for the research piece to begin. Participants were invited to take part in semi-structured interviews which offer the opportunity for “a rich discussion of thoughts and feelings” (Maykut & Morehouse 1994, p80), via posters (appendix 1) displayed in various counselling settings. However, all participants approached the researcher having heard of the proposal by word of mouth via fellow counsellors. The first five volunteers meeting the criteria were interviewed.

I decided against trialling a pilot interview, as I knew that I would want to include the findings in the final work; however, should the first interview have highlighted any difficulties for the interviewee or myself, then it would have been disregarded, the

difficulties addressed, and a new interviewee sought. The participant involved was aware of this and gave her full agreement.

Volunteers were sent an information sheet (appendix 2) informing them about the aims of the study, the type of participants sought, the form of data collection, information about publication, benefits of taking part, possible risks, and issues of confidentiality and how to complain should they have the need. They also received an instruction leaflet (appendix 3) explaining the format of the interviewing process itself. They were asked to attend the interviews being mindful of the areas of interest as outlined in the instruction sheet. They were able to choose a place and time suitable to them for the interview to take place. Of the five co-participants two chose to be interviewed at the primary researcher's venue, one chose her place of work and two were interviewed in their own homes. Each participant signed a consent form (appendix 4) to allow the audio recording of the interview and use of the material in the final body of the research. It was explained that they could choose to opt out of the research at any time up to publication.

The interviews each lasted approximately an hour and a half. The interviews produced rich meaningful descriptions of how each participant has embraced time-limited work as Person-Centred Counsellors. Each interview flowed into different areas as appropriate to the particular participant and I was responsive to what seemed important to each individual, whilst keeping the overall areas of interest in mind and directing slightly at times in order to achieve data that could be comparable.

Once the interviews had been transcribed, copies were distributed to the interviewees for reviewing. This is important in allowing the participants to have

ownership and control of their material. No amendments were made by the participants.

## **Sample**

Five participants are considered to be a reasonable sample for a small scale study. McLeod (2003) warns against collecting more data than time permits to be appropriately analysed. The total research population were all Person-Centred Counsellors with past or current experience of working with imposed time limits. Complete random sampling favoured by quantitative researchers is not considered appropriate due to being time consuming and not likely to gather 'best fit' collaborators. This makes the sample purposive rather than random.

Participants were chosen because of their interest in the topic and experience of making the transition from open-ended work to time limited, therefore being a purposive sample fitting the set criteria. This allows for meaningful data with variables. The participants, by chance, were all female. The variables of the sample include age, experience of open ended and time limited work, and the working environment.

No criteria was set concerned with number of years' experience, as it was considered that working in both modalities of time-limited and open-ended would mean that they were experienced. They were required to be in current supervised practice. Their range of experience was between five and seventeen years.

## **Data Collection**

The instructions for co - participants, as criteria, allowed for an informed choice to be made before signing an agreement to be interviewed. The following were listed as

areas of interest for the study, in order to to give the co-participants a chance to reflect on their experiences and to provide a broad structure and flexibility:-

1. Your own interpretation of the person-centred approach
2. Your own position within the tribes of the approach
3. Your understanding of the theoretical view of setting session limits
4. Any tensions that arise for you in terms of working in a time-limited way within the person-centres approach
5. How you work within imposed time frames and if and how this differences from work you may do which is open-ended
6. How you tell your clients about imposed time limits and their reactions to such
7. Any perceived difference in client presentation and material when presenting for time-limited sessions as opposed to open-ended sessions

Face to face interviews were the chosen method of data collection, allowing the interviewee to respond freely from their own experience and for the interviewer to track that experience moment to moment, and to identify emerging themes. McLeod (1994) states that a flexible interview structure facilitates information relative to the study. The approach used was semi-structured and dialogical, based on the areas of interest as outlined to the participants in the information sheet provided. It was not my intention to gain data from formal questioning, but to allow free flow of dialogue based on earlier reflection of the criteria. I did at times draw attention to the identified areas of interest, both when focus was shifting and when I was identifying similarities and differences to what previous co-participants had offered. The semi-structured

method was chosen to allow idiosyncratic exploration of a rather broad topic area. Interviews are likely to be influenced by the interviewer (McLeod 2003). I consider this to be helpful in heuristic research as it adds value to the quality of data if used as a reflexive tool.

As the interviews progressed I was aware of my own disclosure as an aid to progressing the conversations. Ellis & Bergen suggest “more than tactics to encourage the respondent to open up; rather, the researcher often feels a reciprocal desire to disclose, given the intimacy of the details being shared by the interviewee” (Cited in Etherington 2004, p77).

A focus group was considered for the data collection method but was rejected as I wanted each participant to have the opportunity to offer their full experience which can be lost in a group situation. However, I also acknowledge that a group situation can trigger thoughts resulting in further rich contributions.

Participants were asked for contributions of creative data, for example poetry, narrative, journals etc. One participant volunteered two college assignments. The other four participants did not offer anything in addition to the interview tapes.

## **Data Analysis**

Re-creation of the lived experience is the focus of heuristic research (Moustakas 1990). Selection, interpretation and describing are features of data analysis. Maykut & Morehouse (1994) cite Strauss & Corbin (1990) as identifying three methods of data analysis: presentation without analysis; selection, interpretation and reconstruction into recognisable reality; interpretation and abstraction (used to

develop a theory). The second type was chosen as my approach to analysing the interviews.

A method based on the principles of the 'constant comparative method' (Maykut & Morehouse, 1994) was used. Following the interviews, each participant was allocated a number in order to maintain confidentiality. Recordings were transcribed verbatim. Each transcription and piece of additional creative data submitted was read through several times in order to capture units of meaning and flavour of the data. I wrote a discovery sheet (appendix 5), listing the main points made by each co-participant. Relating points from the discovery sheet were highlighted in different colours for each co-participant on the transcriptions for ease of transportation to a table of emerging themes (appendix 6). This is described as inductive reasoning (Maykut & Morehouse 1994), an alternative to having predetermined categories. I then took the themes that were common to at least three co-participants, to form three main categories of data. Sub-categories emerged from this process to form a workable format. I then re-read the transcripts to find any other data pertaining to the themes identified. The process of deconstructing and reconstructing is useful in forming a thematic, creative system, identified as organising, handling and synthesising (Moustakas 1990). Freeman and Gergen suggest "competing narratives represent different realities, not simply different perspectives on the same reality" (cited in Etherington 2004, p75). Segments of meaningful narrative were used in the outcomes in the form of stanza to convey the emerging themes but without taking away from the individual experiences. Full transcripts were not included at the request of the co-researchers.



Several periods of absorption of the material was powerful in facilitating inner questioning of the researcher. I would become absorbed at times in reading the transcripts to find themes and meaning; at other times new awareness would come to me whilst engaged in other activities and not thinking of the research. I found it a powerful experience that meaning would be illuminated by something said quite out of context. I was also constantly engaged throughout the study in my own reflections of meaning.

Data analysis will always involve a level of the researcher's interpretation but should also retain the essence of the co-researcher. The danger with interpretation is that it can lose the essence of individual experience if particular attention is not paid to retain this. I found my interpretations changing with my development due to engaging in this process. New questions would arise for me as I gained insight into not only my co-researchers' experiences, but also my own, as I was working in the area of my research whilst conducting it. This was a familiar phenomenon for me whereby I was engaging in reflexive practice whilst also reflecting the experiences of others. Knowledge regarding my reactions and responses to time flooded my thoughts and feelings, bringing a sense of my own frustration with what mankind have created around time and of my own mortality. I found I was developing a new value system which impacted on my work and general approach to life.

I kept a journal in which I recorded the meanings for me that emerged from the interviews as I internalised ideas, thoughts and feelings. Extracts from my journal are included (appendix 7). Ethnography is the method of describing what we discover about another or others. Autoethnography as a genre includes writing about the experiences of the self as well as the experiences of others

## **Ethical Issues**

The British Association for Counselling and Psychotherapy (BACP), Ethical Guidelines for Researching Counselling and Psychotherapy (2004) were adhered to as was the more general Ethical Framework for Good Practice (2010). To work with a spirit of integrity is to continually reflect on and monitor practice especially with a piece of work which will eventually be released into the public domain. The guidelines state that 'Research integrity requires a robust ethical commitment to fairness, honesty and competence in all aspects of the work.'

The study was considered to carry a low risk as participants are professional counsellors and the subject area not one of particular sensitivity. Approval from an external organisation was not considered to be necessary.

The BACP Ethical Guidelines state that

'before undertaking any kind of research, the researcher should consult someone who is independent of the research and competent to identify both any potential risk to participants and also whether these have been adequately taken into account in the research design.' (2004, p5).

For this study, the role was filled by a research supervisor appointed by the University of Chester.

Clients of the co-researchers although not directly involved, entered the narrative, and therefore careful monitoring of identifiable material was employed to avoid publicising such. Informed consent was sought and recorded from each volunteer.

Time was made available following the interviews for de-briefing and reflection. Disclosures made at this time were not included in the study. Researchers should remain mindful of the boundary between researcher and counsellor and for this reason additional meetings with the potential to change the relationship were not offered. Barrineau and Bozarth highlight the importance of distinguishing person-centred therapy from heuristic research in terms of the therapeutic research intentions (Cited in Moustakas 1990). All participants being practicing counsellors, would have access to professional supervision, and know how to access counselling in the unlikely event that the process would highlight vulnerabilities that they would wish to explore in more depth.

Re-presenting the material of another can have lasting effects on that individual when they read the interpretation. They may feel that an important point has been missed or indeed misrepresented. Should it be a point that involved risk and courage to disclose in the first instance, they may feel disturbed or offended. Josselson (1996) suggests that the possibility of this is lessened by involving co-researchers at each step of the way in an open relationship.

There can be a positive effect for participants reflecting on their work. Some found new clarity and discovered insights into their own processes, what they perceived from clients, and what they find helpful or limiting within the services and organisations they work for. I believe that all participants experienced some growth. It is my hope that this might also be true for the reader.

Confidentiality should be considered paramount in research. All written and recorded information was kept securely in a locked cabinet and usual data protection requirements in line with the Data Protection Act (2003) were maintained with

identifiable data kept apart from any other research data which was coded to maintain anonymity. Electronically stored data was password protected. Transparency of the research process involves giving descriptions of the process and findings and has the aim of attracting credibility.

As a researcher, I have a responsibility of ensuring self-care. Heuristic research involves personal challenge and therefore in addition to the university appointed supervisor, I negotiated ongoing support from my own independent supervisor, and also found journal keeping of personal benefit. Etherington (2004) writes of the benefits of journal keeping and the importance of it helping to 'free up' our communication with participants.

### **Dissemination of Results**

'There is an ethical expectation of researchers that they actively seek opportunities to communicate any learning from research that is relevant to participants, practitioners, policy makers, academics and others with valid interest in research' (BACP 2003, p10).

The final research report will be housed in the University of Chester. Co-researchers will be offered a copy of the report as acknowledgement of their contributions.

### **Trustworthiness and Validity**

Lincoln & Guba suggest the validity of qualitative studies lies with trustworthiness, consisting of credibility, transferability, dependability and conformability (cited in McLeod, 2003). However heuristic as a methodology is criticised by Speedy for its inwards focus as not addressing 'the more outgoing dialogic and culturally embedded relationships between researcher and researched' (Cited in Etherington,

2004). I accept that I may take an interpretive stance, and am not able to remove my own values completely when looking for meanings and themes from the data.

Subjective, active engagement with a topic will always have a bias. McLeod (2003) highlights how the use of self is accepted in counselling, but not so much in research, seen often as more of a source of bias rather than insight and data. In research, objectivity is seen as useful, whereas subjectivity is not so much. However heuristic inquiry methodology embraces the congruent use of personal experience. This type of research is open to misinterpretation and also to participants feeling vulnerable and exposed. Lincoln & Guba (1985) acknowledge that qualitative research holds a different validity to that of a quantitative nature.

Trustworthiness is evidenced in the open nature of the design, findings and reporting of the study; transcripts were made available to co-participants and feedback on accuracy encouraged, transcripts were also made available to the research supervisor. Transparency is captured throughout the study by the amount of detail entered which is included in order to allow for credibility. The work is presented in the form of an audit trail, a descriptive account of the study from initial contact with co-participants through to the reporting of findings for ease of navigation. Stiles (1993) states four areas of focus to ensure trustworthiness being; credibility, transformability, dependability and conformability.

### **Limitations and Biases**

Any research paradigm has biases. Qualitative research is undertaken because of the passion of the researcher which itself forms a bias, perhaps more so in heuristic research. There is an element of interpretation and selection of material to be

included. It is hoped that this was to some extent minimized through the process of immersion and incubation.

Non-verbal communication is not recorded in taped interviews. Notes were made following each interview with the primary researchers' observations on non-verbal communication.

There is opportunity in qualitative research to unpack the material in order to search for thematic representation, similarities and differences. The researcher needs to be mindful of directivity, and the reflexive element can assist to illuminate any such direction.

A small scale study will have its limitations due to the number of participants involved and cannot be considered representative of a larger population. The literature review section aims to add validity within the larger population.

## **OUTCOMES**

Five person-centred trained counsellors meeting the set criteria for the study were interviewed. All had experience of working in both open-ended services and in time-limited services. All were currently at the time of the interview, working for a time limited service varying in the number of sessions offered from four to twelve. All were female, not by design but as the first five volunteers to respond. Each interviewee will be referred to by a number 1-5 in order to maintain confidentiality. Quotes used from transcripts will be referenced with the participant's number and the page number from the narrative transcript or referenced as additional supporting material (asm) which was submitted by participants as additional data .

### **.Participant 1**

This participant works for the NHS in a primary care mental health team, taking referrals from GP's, and offering up to twelve sessions. Previously participant 1 has worked open-ended in bereavement services and also in a drugs service.

### **Participant 2**

The second participant works in a Further Education setting. Her role was open ended until about five years ago when limits to sessions were set, firstly at twenty sessions, with ever decreasing session numbers over time to her current position of being limited to four sessions. Her previous experience has included open-ended work in a cancer care organisation and time-limited work in a well woman clinic offering twenty sessions.

### **Participant 3**

The third participant works in the NHS for two different primary care trusts. Her first post is in a person-centred service offering up to twelve sessions, and her second post is a non-specific modality service, offering eight sessions. She has previously worked for a voluntary service in an open-ended way.

### **Participant 4**

Participant 4 currently holds a paid position in primary care offering up to twelve sessions, and a voluntary post working with victims of war and torture, which is open-ended. She has held these posts for twelve years and seven years respectively.

### **Participant 5**

The fifth participant has been in post with an NHS primary care trust for seventeen years, first as a single volunteer in one surgery and now as a paid member of a team covering a wider area. The service was set up originally offering six sessions with a review, but would allow open ended work, the review being seen as a stepping stone. The service now operates a twelve session model.



## THEMES

The Relationship and Process	Confidence	Attitude
Focusing on the issue	Confidence in theory	Attitude to time
Focusing on exploration/expression	Confidence in the self	Attitude to client stuckness
Focusing on what can be achieved	Confidence in a time limited model	Attitude to endings
Focusing on process	Confidence in the Service Management/Supervision	Tensions for participants

## THE RELATIONSHIP

All participants referred to the importance of the relationship and each would seem to have their own idiosyncratic way of interpreting the relationship and the building of such, in a time-limited framework. They were all in agreement that building the relationship within a shorter time felt much harder and required 'more' of them than they might access in longer term work, and that this had in fact had a positive effect on informing their practice in their open-ended work.

*Being time limited **helps** to move it into a therapeutic relationship. (2 p4)*

*I'm being more rather than doing (1 p1)*

*An aim to get in touch with what's underneath (3 p2)*

*You are here now and whether we have one session or two sessions,*

*I am just offering you this moment (4 p3)*

*I'm more interested in how they are perceiving*

*what might be being offered (1 p2)*

*Sometimes things don't necessarily need to be outlined*

*or said, just being in a relationship can be healing (1 p3)*

*It's very much about having a relationship*

*With the client and understanding where they are, and*

*In that relationship, being aware*

*Of what's going on inside of me in order*

*To help build that relationship (5 p10)*

*There's a tendency for me to want to get*

*To a deeper level with clients (2 p7)*

,

Participant 4 talks of the value of the relationship being 'what matters', more than the issues presented. She describes really listening with intensity as the key to forming an effective relationship.

*It's easier to explain with somebody who actually*

*had a physical speech impediment,*

*how much effort it takes to really hear them. (4 p4)*

In support of the necessity of forming a good relationship she describes those who request additional sessions.

*I don't know if they do much valuable work,  
they just don't want to give up the relationship (4 p2)*

Participant 1 talks of playing cards with a client, serving both as a way of developing the relationship and also of giving back some of the power. Talking more about the power dynamic and how they view redressing this:-

*Giving some, as much of the power back to the client as I can (1 p3)*

*We don't have a choice about the twelve sessions,  
but we have a choice about endings (5 p18)*

### **Focusing on the issue**

There are different elements to focusing. With regard to the issue, focusing can be directed by either the client or the counsellor. All the participants agreed that the focus of the discussion should be directed by the client in fitting with the person-centred approach. However, they described an intense sensitivity to where the client would be focused and more of a tendency to bring this into the clients' awareness

and to invite the client to focus inwardly more closely and to observe the reactions to this focus.

Participant 3 talks of 'grabbing' what hurts, really focusing on what the client brings and looking for links to this in what the client talks about. She reflects that this could be interpreted as directive but views it as no more directive than an empathic response.

*I feel it is the counsellor's responsibility to ensure the time  
is used therapeutically as much as possible (3 asm)*

*They might identify what their problem is.....*

*that might be where we start out.....*

*I would use the same skills..... wouldn't*

*be focussed on outcome (2 p2)*

They describe working with process and debate whether this is directive.....

*Picking up a bit more of the edge of awareness stuff*

*Rather than giving clients more time*

*To get there. So, I would say*

*That is maybe slightly more directive in that sense (5 p5)*

*If they are not getting somewhere, I do*

*Really start to wonder what we will be discussing.....*

*I have these kinds of conversations (4 p6)*

Participant 4 describes how she works with what is in front of her, but she notices how her open ended clients might explore more of their world, engaging in confidence building/life enhancing conversations which are therapeutic in value, but which her time-limited clients would appear not to do, being more focused on a particular issue that they present with. This participant would describe time limited work as a task focused on an outcome, whereas open ended work is for her, a journey, without an expectation of an outcome, and one that best fits for the more mature client, in emotional terms. She sees time-limited work as providing a structure; she feels that it is not necessarily holistic or organic. The other four participants however were not in agreement with this difference.

### **Focusing on exploration/expression**

Participants spoke of facilitating the expressions and explorations of clients probably in a more intense way than when working open ended, and also of how their own expressions may differ, being more directed to exploration, rather than empathic reflections. Each seemed to have quite well established ways of engaging with exploration and expression.

Participant 1 explains that she is more interested in what is happening in the room and how the client is experiencing what is happening between them. She describes being more active and says

*I like to have materials around, bringing the world into the room*

*....being in a room with one other person can be quite alien.*

*Something about having something of the world  
in the room as well.....*

*can form part of what we might be working on. (1 p2)*

For her it would seem that to create a mini-world in the therapy room allows the client to access more awareness of themselves in that world, to usefully engage in within the therapy.

*I might use therapy cards or art materials  
that way the story comes out (4 p16)*

For another participant, exploration and expression are facilitated through intense concentration on what is spoken, and to pick something up from the room for her might be a frustrating distraction.

*I want to say relationship, the contact,  
intense concentrated contact between me and the client,  
And that may be a distraction to pick something up (3 p11)*

Participant 5 states that she is more congruent quicker, working with edge of awareness stuff and inviting clients to look at that.

*Needing to be, for me, in there a bit more.....  
I'm more congruent quicker, more kind of on the edge of awareness,  
needing to kind of process that (5 p3/4)*

## **Focusing on what can be achieved**

Participants described a very realistic view of what can be achieved and also of their responsibility to facilitate this.

*If we can't resolve the issue, then we can take the first step. It's not always about an issue, but often wanting to be heard (4 p4)*

*It could be argued therefore that I am withholding of myself  
if I do not encourage or show the client how to  
enter into the process of therapy (3 asm)*

*Rather than dealing with the complexities, we may just have  
dealt with a small amount of it (4 p2)*

## **Focusing on process**

Participants were in agreement that they did not work in a way that would be described as classically person-centred. Three participants described their work as fitting under the umbrella of being process/experiential orientated. One wasn't sure of how to describe her work, except that it wasn't classical and the other participant felt she was solution focused but with a person-centred underpinning value.

*I'm more process orientated.....  
kind of inviting people to look at that stuff. (5 p5)*

*I prompt them a bit more (4 p16)*

*I think it's more experiential than classical.*

*Clients' process and experience but looking for links.....*

*slightly more helping the client to focus (3 p2/3)*

*I might say "where are you feeling that in your body?" (3 p14)*

The three participants identifying as being process orientated said that they now also work this way in their non time limited services.

## **CONFIDENCE**

The participants all displayed confidence in their practice of time limited work. Four areas of confidence were discussed, from theoretical confidence gained with initial training, to confidence in the self and in a time limited model which comes from experience and confidence in the service/management/supervision which participants had different experiences of

*I've changed, partly to do with confidence (3 p1).*

*I'm passionate about what I do. I do feel it has a place (1 p14)*

*Yes, I have adapted a mode of working.....*

*They see students come in in distress, they have a session*

*And are smiling and laughing (2 p14)*



## Confidence in the theory

All participants agreed that theoretical grounding and confidence in the person-centred approach as a model was all important to them in allowing their adaptation into time-limited work. One participant began working during her training which she believed to be person-centred, but she felt 'all at sea,' in her understanding of skills. On changing training institutions, she was shown that her previous learning had been more integrative, based more on Egan's skilled helper style. It was only when she felt more grounded with a 'good solid basis of theory' that she felt able to confidently practice in a time limited way.

*A lot of stuff I've got from.....  
that I do think fits very well,  
is that ..... the client is definitely  
the expert on themselves,.....  
and that I am the expert on the process,  
and what they're here for and  
what counselling is about (3 p1)*

*The propositions and all those things that underpin  
who you are as a counsellor, and underpin  
your work with your client and understanding  
the psychology (5 p9)*

*I kind of had all the theory stuff in my head, and  
Yes, I was there doing it. I was doing a bit of the driving (1 p8)*

*I don't give you that guarantee, but I can go through*

*The process..... Meeting the client in their moment of distress....*

*Person centred, staying purely with feeling and emotion (2 p14)*

## **Confidence in the self**

The participants all displayed an inner confidence in their own developed way of working, suggesting that for them as individuals at least, there is some notion of a model.

One participant describes how she grew into her skin during her transition from open-ended to time-limited work and feels it was her growth as a counsellor rather than growth as a time-limited counsellor. She needed to be working with supervisors with this experience and to read about relational depth and network with other counsellors having similar experiences.

*Part of my natural progression anyway.*

*I grew into my skin really.....*

*Some of the reading that I did, and certain supervisors (1 p8)*

Another participant describes being influenced by Rogers' work with the 'silent young man'. She feels able to work intuitively, using empathic guessing and some form of

focusing as in Gendlin's work, but without using the steps presented by Gendlin as a technique, more a form of processing the felt sense and working with the edge of awareness.

*I like some of Gendlins work as well.....*

*But I didn't like his specific focusing*

*But I liked some of his influence (5 p3)*

*What particularly stood out for me was Rogers and  
The silent young man, using his intuition and what he called empathic  
guessing (5 p3)*

*Sometimes I sit there and think,  
what am I doing here?  
and then it helps me when I think ok,  
this person's problems are so difficult so enormous,  
that really whatever my stand is,  
I would never be able to stand with her even  
long enough to be able to do anything  
so I think, well if I have five minutes with you,  
or ten minutes, or twelve hours  
then I'll do my best to treat you as a human being  
and to hear what you are telling me (4 p8)*

*I needed to get out there and spend time  
with supervisors and other counsellors.....And fit myself in (1 p8)*

*It would feel very difficult somehow to bring in  
something that's skills, that's offering a tool.*

*My work speaks for itself.*

*I feel very secure in my person-centredness. (5 p6/7)*

### **Confidence in a time limited model**

Participants expressed confidence in working with the number of sessions available through the service they worked for. One expresses how it helps to identify motivated clients giving them the message that they can use the sessions to explore their feelings rather than the message which could be conveyed in open ended work that they can just talk about it. Another says that when she explains the number of sessions available 'there's a sense of, I guess, needing to engage in this process.'

*It's just a way of being for me now (5 p4)*

*Some person-centred counsellors have left our service  
because they could not work short term.*

*To me it's how you offer it(5 p17)*

It would appear that most clients do not question the time boundary, or at least not initially. One participant made the point that most clients do not actually want to be in a position that warrants them having counselling, implying that most would want to end sooner rather than later.

All participants spend time ensuring the clients' continuing understanding of the time constraints, and they all refer to it, counting down, particularly at times when the clients seem to go over material previously explored.

All would seem to be in agreement that clients are more inclined in time limited work to explore one issue rather than several, but that it is often explored more thoroughly with a positive outcome.

Participant 1 talks of not wanting to offer the illusion of permanence, as most relationships in reality are time-limited. This thinking was instrumental in her transition into time limited work and moving from the belief that the ending should be a shared decision.

*working with the lack of permanence in relationships  
is actually perhaps being more real with people  
in that we're working towards an ending  
from the beginning and we're both aware,  
and maybe the difference is  
that we're both aware of when that might be,  
when the absolute ending might be. (1,p4)*

*I've never worked less than twelve,  
and twelve is a reasonable number (3 p3)*

## **Confidence in the service/management/supervision**

Where participants who felt fully supported in their model of working by management, they presented as much more confident. Where they felt the person centred approach was less accepted, this would appear to influence their practice.

*The service I work for here is person-centred  
so there is none (pressure to work with interventions).*

*The service I work for elsewhere.....a feeling that person-centred  
is not enough (5 p6)*

*I've got a supervisor who isn't person-centred,  
not in this service, but the other,  
and when I talk about the relationship, she struggles.*

*They want to know how to deal with the problem.  
So I have to think of a problem for them in order to supervise me (5 p10)*

*I needed to get out there and spend time  
with supervisors and other counsellors.....  
that's where I got my head around where I was in the room (1 p8)*

*One of the perceptions is that it fixes.  
They have to do something purposeful in that time (2 p4)*

*We do GAD7 and PHQ9,  
but don't do anything with it,*

*just say can you fill this in (3 p5)*

Participant 2 shares her own tension arising from the demands of her service. She states that she works in a more solution focused approach, but would still describe this as person-centred as her underlying philosophy is the same. She believes that in a time-limited service the clients come more with a task and agenda and that she works with this direction using the same skills and being non-prescriptive, but reminding the client of their required outcome. She describes having to adapt to what the organisation was prepared to fund, and also describes how the outcome is measured by retention and achievement which she is expected to promote through offering resources such as handouts. She sees handouts as an important recordable measure, visible to management, but feels personally that she could work as effectively without these interventions.

*It fixes, so they can stay on their course and complete their studies.....*

*Provable, demonstrable outcomes, and the easiest way to demonstrate in that*

*Way is to be able to say we have worked on this and given this material.....*

*That's what they recognise as measureable (2 p4)*

*The shift towards outcome driven ways of working leaves me*

*rather anxious really about how*

*the person centred counsellor will fit (1 p14)*

*I was working time limited before,*

*but my supervision wasn't helpful*

*My supervision was saying to be more directive.....  
give them this.....Give them that, get them to try this and that  
She (supervisor) was very good at working it all out for me  
and handing it  
back on a plate, but she didn't get me (1 p9)*

## **ATTITUDE**

All participants saw their work as sharing a part of the client's journey, and there was a flavour of a time-limited service fitting the current rhythm and pace of society, an inevitable progression. Along with confidence in the areas already explored, participants were displaying an attitude fitting for working in a time limited way. All felt that they had made a transition in their way of working and displayed a strong belief in their work and their clients' capacity for working in this way.

*I can't make it better for them. I can't resolve their problems.*

*I don't have that kind of power.*

*All I can give is to empower them a little (4 p4)*

*Focusing on what's hurting*

*And talking about it to allow all to get processed (3 p1)*

## **Attitude to time**

Participant would seem to have developed a relaxed but conscious attitude to time.

*'I'm more interested in what's happening in the moment' (1p1)*



*'A break might not be a bad thing' (1p6)*

*'It's quite subjective really, what is brief?' (1p12)*

*'For some young people, an hour is too long' (1 p14)*

*12 is a reasonable number (3 p3)*

*On average people take 5 or 6 (4 p1)*

*I introduce the time limit in the beginning and towards the end,*

*clients are generally fine with this,*

*those who have 2/3 added,*

*I don't think it's necessarily valuable. (4 p2)*

*It's a mindset (4 p16)*

### **Attitude to client stuckness**

All participants implied that when faced with a client going over the same material, they would be more inclined in time limited work to remind them of the time available.

*If for instance anger comes up,*

*I may well link that to what I know about their past (3 p4)*

*They'll be talking, and I'll reflect and it'll be totally disregarded,*

Participant 4 would rather see clients in a time limited framework that has initially been assessed by a Mental Health Worker who has made some links for the client

and began the journey of interest into the self. She feels that she can do this in open ended work herself but the time constrain means it isn't possible in time-limited.

*or they don't want to go there.*

*I point it out and interestingly*

*some clients appear to do really well,*

*even though for me it's not a depth connection (3, p12)*

*I make silences much shorter.....*

*I might prompt them a bit more..... I use therapy cards.*

*to draw.....that way the story comes out (4 p16)*

### **Attitude to Endings**

One participant put more emphasis on the ending, and two spoke of the client's focus at the ending being more about the loss of the relationship than the value of what might have been achieved.

*I would still be there and deal with only what he brings,*

*yes, but I would probably remind him that we only have*

*a short period of time left. How would it be best to use this time?' (4 p13)*

Speaking of her own endings:-

*'I dumb down endings', and with clients 'with anxieties around endings,*

*I might be more willing to notice them' (1 p17)*

And speaking of returning to open ended work she says she would definitely be talking more about the ending.

*Talking from the beginning about the fact that they  
may feel abandoned at some point helps me (2 p5)*

### **Tensions for Participants**

Participants did express tensions experienced due to time limits with particular client groups. They manage this by seeing each episode of counselling as a part of a client's journey, and knowing that each client may at some point in the future return, and sometimes repeatedly, to counselling, to complete another part of this journey. They still maintain however that time-limited counselling is of benefit to these clients.

*Particularly if you have clients who are taking longer to engage in the process.  
The service I work for, we do longer enduring mental health problems now which we  
didn't do a few years ago. (5 p6)*

*There is a tension obviously with the suicidal client who through the process of  
counselling will become more in tune with where they are (5, p6)*

*We are basically dumped with clients and I think we should make better assessment  
processes in a way and see what stage of process ..... what their needs are (4 p13)*

## DISCUSSION

*“Brief therapy does not have to be directive,  
but it must be focused and have a sense of direction.”*

(Gibbard, in press)

The discussion will be presented in a way that follows the layout of the outcome section to enable flow of reading and demonstrate tight links of relevance. There will inevitably be some cross over between sections. The discussion aims to summarise the main findings from the outcomes and illuminate the commonalities and differences found with that discovered in the literature review section.

Not surprisingly, with the research being focused on person-centred counselling, the theme given more consideration by all participants and recurring throughout the interviews was that of the relationship.

## THE RELATIONSHIP

Mearns & Thorne (1988, p22) remind us that it is suggested that the person-centred approach is more demanding of its practitioners than other models. This belief comes from the fact that the person-centred counsellor cannot rely on diagnostics or expert knowledge but rely primarily on their ability to enter a therapeutic relationship. Certainly the relationship is more central to the approach than in other models. This in itself presents a challenge when working in a time limited service and was a prominent theme in all the interviews, with participants expressing the added demands on them to give more of themselves to enable clients to make good use of the time available.

The participants differed in their experiences of the development of relationships in time limited services although they all agreed that it was still the curative factor. The manner in which they 'gave' more included really listening more intensely to the clients' words, language, processes, attitudes and beliefs, and paying attention to unspoken messages. The willingness to just be with the client in the moment given the constraints, without the counsellor being ruffled by this, came across as vital. "I believe that the therapeutic potential of our work hinges on me as a counsellor trusting myself, my client and the relationship and, on the client's process of becoming more trusting of himself, of me and of the relationship." (Hopwood, 2008)

Trusting the client perhaps takes on a different meaning in time limited work. The phrase is often used as a mantra for trainees of the approach reminding them of the actualising process as being a natural phenomenon. In terms of working with time constraints it is imperative to trust both the client and the counsellor; that the client is responsible enough to use the time effectively and safely, and that the therapist will work ethically and responsibly without leaving the client feeling raw, having opened up vulnerabilities without the time to process it. This means holding a sense of what is possible and what can be of benefit within the time limit. P2 describes this trust of both the client and herself when she talks of her tendency to want to go deeper. Recognising this as her own need is the vital element here.

All participants described their work as resting within the tribes of the person-centred approach rather than being considered classically client-centred. Rogers' (1957/59) papers described the six necessary and sufficient conditions for constructive personality change, and postulated that if these conditions were present over time,

then the clients' natural tendency to actualise would be realised. The question raised here, particularly with regard to time limited work, is how much time will this take?

Rogers himself considered that his theory was open to development and in an interview with Baldwin stated:

I am inclined to think that in my writing perhaps I have stressed too much the three basic conditions (congruence, unconditional positive regards and empathic understanding). Perhaps it is something around the edges of these conditions that is really the most important element of therapy – when myself is clearly obviously present. (Cited in Sanders, 2004 p46).

The participants in this study describe ways in which they facilitate the possibility of facilitating this process. An important attitude for the counsellor to hold when working with time consciousness is that it is never too early in the relationship to reflect what we see in the client. Person-centred practitioners will often justify not attending to what is presented by describing the relationship as being too new or the client not being ready. The participants in the study would bring the issue into focus, still being sensitive to the clients' needs and readiness, but without making the judgement regarding clients' readiness. The willingness to take the risk of early reflections was described by participants as facilitating early relationship building rather than having a negative impact. They gave very clear examples of clients valuing the relationship, and experiencing loss at the end, just as in longer term work, thus evidence of successfully formed relationships. Working hard to develop a relationship in time-limited work helps to avoid what Arthur (2001, p10) describes as 'psychological first

aid' which is suggested puts the counsellor in a position of collusion with dysfunctional organisations.

### **Focusing on the Issue**

It is evident that more focus is required in a time limited setting. Gibbard (2004, p42) states 'the person-centred approach does have to be adapted to working to a time limit.'

Focus on the issue does not suggest that the counsellor should be directive in the way of expertly directing what will be discussed and what is important, but possibly directing to the clients' inner experience of the issues brought. The time conscious practitioner will be listening intently as will the long term counsellor, but will be more inclined to respond to clues or, as described by participant 3, to 'grab what hurts.' The long term counsellor may well wait for the client to realise for themselves that this is important to look at. The participants interviewed felt more of a sense of responsibility to attend earlier to the issues brought by the clients.

Developing self-awareness through focusing on the inner experience will allow the client to continue self- healing through their actions away from the therapy room. The therapy forms only part of the process for the client, the process continues for them throughout the rest of their time between sessions. Gibbard (in press) places great importance on the therapists' trust in the activity of the client both within the therapy session and outside of therapy. Those clients who continue to process outside of the therapy room will almost certainly be those who benefit most.

## **Focusing on Exploration/Expression**

After focusing on the issue, and inner experience of it, the time conscious therapist will be aware of engaging the client with this; helping them to symbolise and express their experience.

One participant (p1) refers to bringing the client's world into the counselling room as being healing and another (p2) talks of offering resources which the client may or may not choose to take away and use. Knight (2008) describes the therapy room as a microcosm of the clients' world. There is a valid argument however, that these interventions do not sit well within the person-centred approach as clients will defer to their counsellor and may well engage with what the therapist suggests without considering their own autonomy, seeing it as a condition of therapy. Rennie (as cited in Gibbard, in press) found evidence of this and explains how clients worry what their therapists think of them and will also manipulate therapy to meet their needs.

This manipulation which is usually part of the unspoken relationship, has implications for time limited therapy and must be considered in terms of its usefulness. It is possible that it will have positive results for the client, but equally likely to negatively impact on the flow of process. An example of this from the study is given by p4, who talks about a long term client who wanted to sleep for a whole session, and her willingness to accept this, but clearly stating that she would challenge its usefulness in time limited work.



## **Focusing on what can be achieved**

To have faith in the actualising Tendency is surely to have faith that movement can happen in any given moment. Research by Howard, Kopta, Krauss & Orlinski (1986) shows that most growth usually happens early on in the therapeutic relationship.

Some would suggest assessing clients suitability for time limited therapy (Bryant-Jeffries 2002, Henderson 1999), however, a study by Thorne in 1994 showed surprising results with clients presenting with a number of different on-going, enduring issues (cited in Gibbard, in press). Knight (2008) was mindful when conducting her study on assessment for brief therapy, of the sensitivity of some person-centred counsellors regarding this concept. Rather than invite her co-participants to describe assessment, she invited them to describe their first session. She found that her sample were typical of person-centred practitioners in not favouring assessment tools. Bozarth however, considers assessment tools to be justifiable.

Participants in this study would appear to hold the person-centred view of assessment as an on-going process rather than an initial activity to screen people in or out of a service. Shlien comments that any criteria for accepting or rejecting clients is focused on the therapist's limitations rather than the clients (cited in Tudor, 2008). Just as it would seem impossible to predict who will or who will not benefit from any counselling, the same is true of time limited counselling. It is not the amount of time that is important, more the quality and activity of that time.

Merry states “The quality of the counselling relationship is the most significant factor. Many sessions of a poor quality relationship are likely to be of less benefit than fewer sessions where the quality is high” (Merry 2002, p158).

One participant (p3) continually used the word ‘fudge’ to describe time limited services, and others implied a similar view. However, it was very clear that each of the participants felt that their work was extremely valuable. The implications about services being a fudge were around outcome measures and evaluations. One participant (p2) explains how she is required to evaluate parts of the service that she believes is of little importance to the clients, an example being the distribution of handouts. The value of the service is measured on the number distributed, even though they may be disposed of immediately the client leaves the room.

### **Focusing on Process**

Rogers (1961) developed his theory of the process of personality change in which he described stages through which the client would naturally move given the right conditions. These stages move deeper to the inner experience and processes. It is the influencing of this process that is proving to be what make time limited person-centred practice successful.

Focusing in this sense originated from the work of Gendlin (1962) following his involvement in a research study with Rogers and other colleagues, which became known as the Wisconsin study. Gendlin’s theory is concerned with the clients’ inner experiencing or ability to turn their attention inward and reflect on their own experiencing. Baker (2004) explains how the act of experiencing is held dear by all

person centred practitioners, but the theory of experiencing separates the tribes. Gendlin referred to the felt sense, as a vague, pre-symbolised activity, which when given attention can be a rich source of communication with the self.

Participants explained this element of their work in terms of inviting clients to be body aware, and to stay with this awareness or edge of awareness. Giving attention to non-verbalised experiences, helping the client to connect with this flow of experiencing proves a rich source of movement for the client. Participants described having a sense of direction when facilitating this process.

Arguments that this way of working opposes the non-directive value of the approach, can be answered by Rogers himself who acknowledged his selective listening as possibly being considered as directive and he acknowledges that the aim of therapy is to influence clients towards growth and healing, interpreted by Gibbard (in press) as influencing the direction of therapy.

## **CONFIDENCE**

The previous section was concerned with the relationship between the client and the counsellor. Confidence is concerned with the counsellors' relationship with the self, theoretical understanding and the environment.

I have already noted that in time limited therapy the counsellor will need to take more risks. Participants talked of sharing their own inner experiencing earlier on in relationships with clients than perhaps they might have in their open ended work. They also expressed their confidence in using experiential approaches, and how they view this with regard to being no more directive than selective reflections. Each participant saw their input as directing towards a process that belongs to the client,

which they see as very different from being directive in the sense of introducing material or techniques. Bala Jaison (2008) states “I believe that we gravitate towards therapeutic models that feel congruent with who we are as individuals.” Should a counsellor not have faith in the core values and beliefs of the approach, then the temptation to introduce techniques will be greater when working in a time limited way.

### **Confidence in the theory**

The classical view of working with process in this way would be that this makes the counsellor the expert. The practitioner working confidently with process and comfortably within a theoretical context would acknowledge the expertise of both client and counsellor in different areas, the client being the expert on themselves, the therapist the expert on the process of therapy. One participant even described it this way herself.

Should the counsellor be having a debate with themselves about their theoretical understanding of this, then the outcome would be confusing and less valuable than it is for the therapist who is comfortable and grounded in understanding.

All participants felt that they would not be as effective in time limited work had they not the grounding that comes from classical training

### **Confidence in the self**

Self- confidence was described as a process by the participants, which was evidently a growth in confidence as a counsellor rather than as a time limited counsellor, suggesting that it has been a natural development for them to work in a more timely manner. They all acknowledged that what was helpful in helping to build their

confidence and allow them to find their own way of working was continuing supervision, training, reading, research and networking along with being open to developing ideas rather than a ridged approach to practice. Continuing development and openness is essential to make the successful transition into time limited work as found by Taft (1993).

### **Confidence in a time limited model**

There is a sense throughout the interviews of the participants really believing in a service that offers time limited counselling and its effectiveness as opposed to a view of longer being better as suggested by Casemore (2002), or the commonly held view that brief therapy is a metaphorical sticking plaster. There is a suggestion from participants that it is possibly more problematic for some counsellors when presented with a time limit than it is for clients, agreement with Shlien's comment made earlier, and that it is important to have and to convey confidence to the clients.

If we hold the person-centred value that individuals have within their own capacity for growth, then we must take this belief into time limited work, and trust that we can achieve facilitating the client towards healing or making sense of that which has brought them to counselling.

### **Confidence in the service/management/supervision**

In order to allow for a successful service, there is a need for both the counsellor to have confidence in the service and for the service to have confidence in the counsellor. There would appear to be a demand by agencies for counsellors to offer time limited services, but little guidance on how to do so (Gibbard, in press).

It would appear from the research findings to be of benefit to have a supervisor who is not only person-centred but also one who holds positive beliefs and has experience of working in a time limited framework. Participants shared very positive examples of good experiences of supervision when this was the case, and examples when this was not the case, where the supervision was of little or no help.

## **ATTITUDE**

The overall attitude of the counsellor needs to be one of belief in what is on offer. There is agreement among those supporting brief person-centred work, both that that the counsellor will need to be aware of their own attitudes and beliefs with regard to its practice. There needs to be a belief in the effectiveness (Gibbard in press). The counsellor must reflect on and be aware of ways in which attitudes can be communicated to clients. An example of this would be to say that we ONLY have this number of sessions, which suggests that it will or at least may not be sufficient. Attitudinal awareness will also embrace the area of political and economic responses. Participants in the study held the view that their organisations had no agenda other than having limited resources, which is after all a global given, and that they are doing their best to provide a fair service. With regards to attitude to limits, it is important to hold an attitude of positive thinking in regards to what can be done rather than what cannot be.

Some person-centred practitioners would seem opposed to audit and evaluation tools but those working in time limited services would benefit from having a positive attitude to such in order to help the approach gain the respect it deserves. The research participants appeared to have a resigned respect for the requirements of

their organisations. One participant (p 2) shared her intention to work on producing her own evaluation tool.

### **Attitude to time**

“Time represents more vividly than any other category the necessity of accepting limitation as well as the inability to do so” (Taft, cited in Gibbard in press). Our reactions to time are very individual, as will be our reactions to time limit, beginnings and endings, life and death.

Participants had a very open attitude to time and in the interviewing and writing of the research I came to favour the term time-conscious to describe what I was witnessing. It would appear to be beneficial to convey this consciousness of time to clients as a shared responsibility for how the time should best be used.

The therapeutic hour as a concept came up in all interviews as a time constraint which even classical practitioners agree to adhere to, and so perhaps redresses many of the arguments against time limits on overall duration.

Rogers himself saw limits as unproblematic so long as they were clearly understood from the outset (Rogers 1942), and indeed recognised the benefit of experiencing in therapy, the limits experienced outside of therapy. Although he was meaning in relation to each session length, perhaps the same argument could be made in regard to duration of service. This said, it should also be acknowledged that he did not believe that most clients would, out of choice, be in long term therapy when working with an effective therapist.

### **Attitude to client stuckness**

Clients' stuckness can often but not always be identified in their silence. For the purpose of this section I will consider stuckness and silence when sharing the same therapeutic meaning, that of being unproductive. I also acknowledge that it will not always be the case that these activities are unproductive but often they are, particularly when time is limited.

Participants felt a responsibility to do something when clients appear to be stuck. That something is simply to bring it into the clients' awareness. This differs from the classical stance that stuckness is an important part of the process and should not be interrupted. Mearns & Thorne (1998) state in many cases it is highly appropriate to the clients' therapeutic process.

Gibbard (in press) states the importance of the counsellor overcoming their own fears e.g. fear of anger or grief, in order for therapy to be effective. She suggests that often it is the counsellors' fears that reinforces the clients fears, and prevents them from talking about an issue.

Mearns & Thorne (1988) invite the counsellor to explore who the stuckness belongs to when it is experienced. Clients are perhaps likely to be stuck when engaging on a superficial level, and so perhaps it is always the responsibility of the counsellor to offer a way to engage more usefully.

### **Attitude to endings**

Rogers believed that endings would raise anxieties and tensions for the client (Rogers 1942), that would provide rich material to be worked with.



Participants shared a consciousness of endings that has developed more when engaging in time limited work than from any other experience. This, more than all areas discussed, has informed the therapists' long term work, it was described by the participants as hardly being given any attention before engaging in time limited work.

Some person-centred counsellors talk about good and bad endings. The participants in this study were not referring to endings as either good or bad. Clients may end at any time, just as in long term work, but the counsellors interviewed certainly had more awareness of preparing both clients and themselves for endings. The limitations should be openly acknowledged and understood from the outset with a realistic portrayal by the therapist of what is possible and how this might be achieved.

### **Tensions for Participants**

Participants shared when they might feel more challenged by time-limited work, but still they held a positive attitude to the possibilities. Referring to clients who may, through the process, get closer to their pain, despair and suicidal thoughts, participants could identify this as progress, just as it would be seen in longer term work.

In most of these cases, re-referral appeared to be the preferred option, and time out of therapy to 'be with' new feelings seen as beneficial. In the case of active suicidal ideation, then steps would be taken to extend therapy or refer on to a crisis intervention team.

## CONCLUSION

*"If we really want to live, we'd better start at once to try:*

*If we don't, it doesn't matter, but we'd better start to die*

(W H Auden in Hecht 1993)

I consider this extract to be a metaphor for my own perspective on working in time limited services. It is a reality that this is what we have.

Findings from this study appear to correlate with the ideas presented in the most current literature from Tudor (2008), and Gibbard's work which is in press. Findings would suggest that the research participants are working confidently and effectively in providing person-centred time limited counselling to clients with varying presenting issues from mild and moderate through to severe and enduring. If the person-centred approach is more demanding of its practitioners than other models, working in a person-centred time limited manner is described here as even more demanding still.

Each participant described similarities in their approach to working in a time limited service and how they manage to hold on to their theoretical values in very different environments with regard to expectations and support, obstacles and tensions. Interviewees openly shared their frustrations and celebrations making very intimate and personal material available for discussion. The nature of the research also required participants to engage with their own professional practice in a reflective manner, which each one did with the spirit of honesty and integrity. Whilst this is never an easy experience, participants I believe, did generally gain personally from the process.

All described an embracing acceptance of limits, consciousness of time and a positive attitude towards what is possible when acknowledging limits and having a concentrated mind with a sense of direction.

None of the participants would describe their way of working as **classically** client-centred. The consensus was that it is entirely possible to remain classical in a time limited framework, but this would be more likely to be of little help to clients other than the very highly motivated. Four of the five participants identified as practising within the experiential end of the continuum of practice and one described herself as integrative, but felt she was fitting of the criteria of describing her work as person-centred. They did not describe their work in terms of techniques and strategies, but the general aim was one of facilitating awareness of the clients' inner experiences and processes.

Developing awareness in clients' allows them to continue a process that may begin in the therapy room, outside of this environment. It would seem important for the counsellor working in time limited services to have trust in this belief as often time limited therapy will not solve all of the clients' problems (just as open ended therapy will not). What it can do is to offer the client the opportunity to identify a particular focus and to work on that element with intensity. The client will hopefully, through this process, also develop the ability to apply the same to other elements of their difficulties. Participants in this study described having an acute awareness of the therapy room representing the clients' world, and of engaging with clients' reactions to endings.

Developing awareness as the counsellor is also important, the capacity for self-reflection being essential to working with time limits. "(The therapist) may

inadvertently be giving the message that there is only time to talk about superficial and immediate problems, while the deeper more painful issues remain beneath the surface.” (Gibbard, in press)

### **Future Research**

This study has offered one perspective on the time limited counselling relationship; that of the therapist. A future area of interest might lie in the experiences of clients receiving time limited person centred counselling. Further still is the possibility of exploring the experiences of clients having had experience of different types of time limited therapy i.e. CBT and person-centred.

The therapeutic hour and frequency of sessions appeared to be of interest to the participants in this study and could form further research areas.

Research into the effectiveness of person centred time limited work through outcome measure audits is still required if the approach is to gain respect.

## HEURISTIC RESPONSE

### Personally

I began this piece of research with enthusiasm, throughout the time it has taken me to complete it I have felt mainly frustrated and often stagnant and now I feel that familiar sense of disappointment.

As I engaged in the process, which for me was slow and painful due to the challenges that life presented to me at this time, I learned so much about my relationship with time; how I create, plan and use my time, and then, how I laugh at that process and see that time cannot be created or planned or used, and with hindsight it was mostly an illusion.

Conducting the interviews felt real to me, as though they were prepared for, time created, planned and well used, and yet now I wish I'd been different. How? I don't know, but I feel that familiar disappointment with my own engagement.

Similarly, with the process of analysing and writing up of results, I felt that I was doing the best that I could at the time, and when I look back I see the possibilities. And that is how I learn, through reflection.

### Professionally

When I see or hear of something that matches my experience, it offers me clarity and confidence. Before conducting this research I would have struggled to articulate how I work differently in a time-limited context, although I knew that I did work differently. In listening to my co-researchers and reading the literature, I was able to identify with others and then to further develop my own understanding of my

practice. I needed the kick-start, and possibly that is why I chose the topic. Of course that is why I chose the topic on a practical, rational and cognitive level, but more importantly to me, I have learned that that is why I chose it at a level which was only on the edge or even out of my awareness. And that is how I learn. And that is experiential and process orientated!

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## APPENDICES

PARTICIPANTS SOUGHT TO TAKE PART IN

M.A. RESEARCH

**Person-Centred Counsellors' Experiences of  
Working within Time-Limited Boundaries**

I AM LOOKING TO INTERVIEW PERSON-  
CENTRED COUNSELLORS WITH EXPERIENCE  
OF WORKING WITHIN TIME LIMITS E.G. SIX OR  
TWELVE SESSIONS

**PLEASE CONTACT LIZ**

### INFORMATION SHEET

#### **Title**

Person-Centred Counsellors' Experiences of Working Within Time Boundaries

#### **The Study**

The study aims to capture individual phenomenological experiences of counsellors who consider they are person-centred in their practice, and who work or have worked both open-ended and within a time-limited model. The study is interested in discovering how a person-centred time limited model of counselling might evolve.

#### **Participants**

Counsellors volunteering to take part in the study will consider their practice to be either classically client-centred or to follow one of the accepted 'tribes' within the person-centred model; focusing orientated, experiential, existential or integrative (in the sense of principled non-directivity). The study is not interested in those who may integrate CBT or other models involving techniques which would be introduced or led by the counsellor.

#### **Data Collection and Analysis**

Participants will agree to having taped interviews which will be transcribed, coded and analysed for emerging themes. Participants will be sent copies of transcriptions for their agreement of accuracy. The subjective process of each individual interviewee will be given equal weighting. Recordings will be destroyed on completion of the study.

## **Creative Materials**

Those taking part in interviews will be invited to offer creative material to enhance the study. This might be in the form of poetry, art work, journal entries etc. Any of these materials used in the study will be for the purpose of highlighting themes of the study and will only be reproduced with the interviewee's permission. Original materials will be returned to the participants on completion of the study.

## **Publication**

The research is being undertaken for the purpose of an MA dissertation for the University of Chester. The final work will be housed at the University. Copies will be available to participants on request.

## **Risks**

The risks of taking part in the study would be considered minimal. Participants will have the right to withdraw from the study at any time up to publication. Reflecting on one's own practice is considered to be advantageous but may in some circumstances cause some tension or discomfort. Participants should be in regular on-going supervision of their practice and should use supervision to explore and difficult feelings that arise from the interview.

## **Benefits**

The benefit to you of taking part in the study is of having the opportunity to reflect on your own practice and to develop increasing awareness. This increasing awareness could be of professional benefit to your clients. Your contributions to the study may



also help to enhance the profession generally and the Person-Centred Approach specifically.

### **Confidentiality**

All contributions will be recorded anonymously. Material will be coded to ensure this anonymity. Transcripts will only be shared with Tutors a Research Supervisor and possibly the External Examiner.

### **Complaints**

Should you have cause to complain about any aspect of the research that cannot be resolved with the researcher, then you should contact the Counselling Section in the Department of Social and Communication Studies.

**INSTRUCTIONS FOR PARTICIPATION IN RESEARCH**

Date

Dear

Thank you for volunteering to be interviewed for my MA research for which I am extremely grateful. These instructions are aimed to help you make a more informed choice before committing to the interview.

The research is to be a qualitative inquiry whereby, I intend to gather information on different unique experiences of counsellors who identify themselves as person-centred and have experience of both open-ended and time-limited work (although not necessarily concurrently).

The interviews of one and a half to two hours will be loosely structured in the hope that through discussion you will share your experiences, thoughts, and feelings on the topic of research. I am also interested in any personal recordings e.g. journals, poems, art work etc. that you aim wish to offer as resources.

Every effort will be made to ensure confidentiality and you will have the right to withdraw all or part of your contributions at any time up to publication.

The areas of interest to the study are:-

1. Your own interpretation of the person-centred approach

2. Your own position within the 'tribes' of the approach
3. Your understanding of the theoretical view of setting session limits
4. Any tensions that arise for you in terms of working in a time-limited way within the person-centred approach
5. How you work within imposed time frames and if and how this differs from work you may do which is open-ended
6. How you tell your clients about imposed time limits and their reactions to such
7. Any perceived difference in client presentation and material when presenting for time-limited sessions as opposed to open-ended services

Should you feel you still wish to be considered as a co-researcher and can respond to the above, a date and time will be arranged for an interview at your convenience.

Thank you for taking the time to consider this request. I look forward to the possibility of working with you on the study.

Yours sincerely

Liz Hynes

**PARTICIPANTS IN RESEARCH**

**CONSENT FORM**

(Audio Recording of Interview)

I..... hereby give consent for the details of a written transcript based on an audio recorded interview with me and Liz Hynes to be used in preparation and as part of a research dissertation entitled 'Person-Centred Counsellors' Experiences of Working with Time-Limited boundaries.: A Heuristic Inquiry' (for the M.A. in Counselling Studies at the University of Chester). I understand that my identity will remain anonymous and that all personally identifiable material will remain confidential and separate from the research data. I further understand that the transcript may be seen by the counselling tutors and the external examiner for the purpose of assessment and moderation. I also understand that all these people are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice.

I understand that I will have access to the transcribed material should I wish to and will be able to delete or amend any part of it. I am aware that I can stop the interview at any point, or ultimately withdraw the interview before the publication of the dissertation. Upon completion of the research the audio recording will be destroyed.

Excerpts from the transcript, and possibly the entire transcript, will be included in the dissertation. Copies of the dissertation will be held in the University of Chester Library and the Department of Social and Communication Studies resource Room.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure anonymity.

Finally, I believe that I have been given sufficient information about the nature of the research, including any possible risks, to give my informed consent to participate.

Signed (Participant) ..... Date .....

Signed (Researcher) ..... Date.....

**Discovery sheet – P1**

I feel I work in a Person-centred way

Working more reflationary

Not taught – learned through experience

Healing discovered in a relationship

Dialogically

In the moment

Being rather than doing

Where efforts lie after training

Doesn't happen magically

How the client perceives

Rather than offering core conditions in relation to content

Resources – bringing the clients world into the room

Being in a room with one other – alien

Resources form what we work on

Sixth condition

Forming relationships

Sometimes things don't have to be said

Played cards – all session first – less each time

Took some power back and not much else – Personal changes reported back – choice

Always considering giving power back

Should be equal decision to end

Understand room for both approaches

Illusion of permanence – most relationships time limited – this is being more real

Allows more realness than other relationships, still with choice

Wanting relaxation - Previous collusion regarding permanence – go on forever

With those violated in childhood - can feel unethical

Want someone next to them but also push away

Talk about feeling abandoned helps

When they spend time in fantasy, it brings them back down to earth

Tension – I must do a good job/ the right thing

Young man kept coming back – checking

Classical not a fit due to client having no choice

Choosing gives luxurious position of being able to fully actualise

Majority don't want to have to come – GP process – relieved they are through

Different dynamic if paying

Interesting in NHS with shift towards interventions and outcomes

NICE not recognising humanistic approaches

Assessment in this service leads to CBT or clg

If wanting relaxation refer to Mental Health Practitioner

8 sessions gives different response to twelve sessions

After – rest period then re-refer same service or different – different therapist and rest can be helpful

Would be a strange shift back to previous way of working

Always stuff around endings

I work hard to avoid endings – now have to face up to it – sit uncomfortably and say goodbye

Want to bolt for the door and hide

Willing to notice clients' feelings around endings

Psychodynamic theory offers understanding of fantasy/sabotage

Natural progression

Had to fit myself in

More open and giving of self from the start

Arrived in my lap and I actively sought



Peer supervision group – reading group

Supervisors – psychologist, working it out/psychodynamic more relational

Have a choice to extend over longer period – helps to feel still in counselling

Follow up session helpful

### **Discovery Sheet – P2**

Current role – open ended became time limited gradual down to four

Challenging, exciting, interesting

Changed to become more solution focused

Engaging in what they want to achieve

Not vague

College environment – suits better – only there for limited time

Ask them to focus on what they want

Open ended is a journey, has benefits, suits more mature, is more holistic

Underlying philosophy the same

Not prescriptive, more PC than solution focused method

Same skills, would go with their direction but an outcome is expected

Being time limited provides structure

They return often – and often with same issue – or one that came to light in previous sessions

Come to a manageable solution

The perception is that it fixes

See it as counselling and support

They have to do something – that moves it into a therapeutic relationship

More pressured

Not able to be creative

Finding a place in process doesn't happen overnight, by 5 or 6 you begin to find this

It's a taster of counselling

Busy trying to meet targets

Pressure from trying to form a warm relationship and accelerate this

Initiating relationships

Can't determine when the magic will happen

That therapeutic moment, insight

No depth/breath

Make sure they understand it's an opportunity

Have to adapt to what the organisation is prepared to fund

How I collate organisational needs with my training/experiences into a therapeutic package

The language that develops over time can't be used at first

Want to get deeper – that's my leap not the clients

Sad if it's the first contact (first time in counselling)

Experience guided by time constraint

I wouldn't have to use interventions – they are just so high on the agenda

Provable, demonstrative, outcomes. Very few went to full allocation in open ended service

Integration – offer hand outs, they don't have to take them

Research proves if they take it and use it, it will get them from a to be quicker

If I was solution focused they would have to take them and do them

It's the therapeutic alliance, the core conditions that brings them back

The organisation's agenda has to be met otherwise there is no service

Good that we measure outcome, but not determining the therapy by that

Adapting questionnaires , one on therapeutic alliance

What they want is different from what works

The process is stopped at that point

The time limit is only one of the conditions, without the outcome criteria, you could remain person-centred

Staying with the feeling/emotion in the moment

The organisation bleeds into the session

### **Discovery Sheet – P3**

I feel supported in being time limited

Changed my way of working as I developed

I was purist, thinking introducing anything into the session was against the client's autonomy

If something's going on in my head, I share it

More open – not directive at all

I am the expert on the process and that's what they're here for

The client doesn't know how to do it, what hurts, focusing on that, allowing it to get processed

Debate about directive – it's about what you respond to

Empathy is inherently directive

Aim to get in touch with what is underneath

More experiential than classical

I look for links – it's here now because of the past

Better even in non time limited

Always very aware of the ending

When I say focus, I mean whatever they bring

Listening for the 'in', metaphor, body language and reflect that

I will link to what I know about their past

Commissioners and Managers don't understand

Core, GAD 7, PHQ9 –put it aside

Different services – set up/support/expectations

I'm comfortable with it

A bit of a fudge but doesn't mean it doesn't have value

Some boundaries are security for the client

Mountain metaphor – have a rest and start again

Some people come not knowing what it's about, they just know they have an issue

Time limited is a fudge, that doesn't mean it's not worthwhile

You can lose the therapeutic value (in open ended). You can have a session and question the therapeutic value

Art therapy is out of the person-centred approach but I'd feel too directive

It is talk

If a client is fiddling, I might comment on that

I want to say relationship, contact, intense concentrated contact

The client who waffles – I can reflect, and it will be totally disregarded

Some clients like that do really well. Even though for me it's not a depth connection, it is something they've not experienced before

What I love is that ahh moment

Open ended feels like a luxury. A client came each week and went through her life. She got to the end and came off ant-d's for the first time in ten years. She got to know what she wanted, became insightful about own process. I can't get that in time limited

You have to be trained in that way, very classical

I needed to just get what the core conditions were

Where are you feeling that, where in your body?

My supervision (before) wasn't helpful. Supervisor was saying be more directive. I felt unsupported

One service going for groups, even group assessments

Therapeutic hour. I'm not happy with. One practitioner offers an hour plus, with fee being per 5 minutes after the hour

When a boundary is set, I think it just takes that amount of time

Time limited in NHS gives access to all

### **From other material**

I was unsure if I could marry the client-led principles I had learned with a fixed number of sessions

This marriage is in fact possible

It's the counsellors' responsibility to ensure the time is used therapeutically

Brings up issues of power and control

It could be argued that I am withholding of myself if I do not encourage or show the client how to enter into the process of therapy. The client can gain more if we are both aware of the need to focus

If the client wants to chat, there is an obligation on the counsellor to congruently point this out

The relationship is the curative element

I work with different part of my client known as configurations

I aim to identify the felt meaning

I often use metaphor

I am constantly balancing my need to guide the client with the need for the client to control the session

When he reaches the core of the issue, healing can occur

When I sense an incongruence I encourage the client to focus on and explore it

I am constantly aware of my own process

## Discovery Sheet – P4

Endings – introduced at start and discussed part way

Those who add another 2/3 sessions – often prolonging the end, not necessarily valuable

Some people have nowhere else to talk, so go back to the GP and get themselves re-referred

They just don't want to give up the relationship don't know if I kind of engineer it

When it's been successful, they've not dealt with many different things, just 1.

Bereavement can be very complex and they maybe just work with one of the complexities, or a small amount of it

Open ended work is a different process. I don't have the constraints in my head

In theory, I see somebody 5 minutes or 5 years, I offer the same

It may not resolve their problems, it's an experience of having a relationship with someone

In both situations I work holistically. It's in my head 'I'm just offering this moment'

This is the first step towards a better way of relating

I have the same attitude, I can't make it better

There isn't such pressure to form the relationship in open ended work. In time limited I am working harder just to get that

I feel quite exhausted afterwards



Example – spina bifida client. Listen with such intensity

I just hear them

Content of dialogue not of great depth. A reply that fits, no need to explain

We don't speak past or future, we don't speak present – animated suspension

Standing still – very difficult to maintain that space

Reaffirms intelligent man – talk of world affairs

Often the issue (torture) is the last thing we talk about. I deal with what is in front of me

They know from the outset that we have twelve or it is open ended

Some NHS clients might abuse the system if it was not boundaried. They are lonely and don't have the skills to find friends. It's a lifeline for others

Clients may come with a label of depression, but may have a long history of abuse.

Twelve sessions can't make much difference but maybe give them back a little dignity. I can only do what I can

I've been trying to work out who is classically person-centred and who is one of the tribes. I've seen Barbara Brodley in demonstrations. I don't think I quite fit into that constraint.

My work has elements of advocacy. I can't not tell if I have information

Because of where I work I couldn't be classically person-centred. If suicidal I have to break confidence. So many other things crop up

Sometimes I think 'what am I doing here?' I do my best to treat you as a human being, hear what you are telling me and give you a sense of being a valuable person

If I start to think of solving problems, I just don't get there

NHS expects that after therapy you can prove this person has changed

There are times when I work as a case worker, but I just can't leave them

I do get a sense that I am respected for the work that I do. I am the only one who waves the flag – a person-centred counsellor

Others do the CBT training because their jobs depend on it

A colleague trained in CBT. Saw a client who said they wanted CBT. Said this is rubbish. Counsellor continued in a person-centred way. Client left thinking they had had CBT

I think person-centred is set to disappear

The people who benefit (from CBT) are not very psychologically minded

The mental health workers link feelings to life events, they become more curious and make good clients

If they move from 0 in the process scale to 1 or 2 then they can begin counselling

We have to do research into the client

I can do therapeutic work when safety needs are in place

I would remind them how much time we have left, how would it be best to use the sessions

I don't feel comfortable having to teach them how to use the lessons. Lessons, see, I don't feel comfortable with it

I'm not sure how good these constraints are, one hour, once a week, so many sessions

We are sometimes not necessarily in the mood on that day, or that hour

If they come fortnightly or monthly, I'm not sure if it makes any difference

NHS require 75% contact time

I'm comfortable with it. It's a mindset. I suppose I have a different way of being with them

I tend to make silences much shorter or more intense. If they are not getting somewhere I tend to wonder what we will be discussing

I prompt them a bit more

I have cards, therapy cards for clients who don't know how to talk about feelings. And I use art

I'm reading the theory again. Re-connecting from a different perspective. I just work and look at the theory to see if it fits into what I do

### **Discovery Sheet – P5**

Wigan was classed as very traditionalist, purist. What I'd been taught previously was mixed

Early days it was confusion. Then I felt more grounded. A good solid base of theory.  
The Egan stuff went.

We did some of Gendlin's stuff, this stood out for me and Roger, a silent young man,  
using intuition and empathic guessing. I didn't like specific focusing but some of the  
influences

The felt sense, processing of the felt sense

Noticing how people are, edge of awareness stuff. It wasn't recognised then, now it's  
become its own thing. For me it felt it was something I could work with

Now needing to be in there a bit more, a more active way of working in short term

I wouldn't be classical, or experiential, more in the middle

I'm more congruent, quicker

Needing to process with the client a bit more

It's just a way of being for me now

For me, it seems to have worked

I'm more process orientated, inviting people to look at edge of awareness stuff.

Slightly more directive in that sense

There's a school of thought that clients will take whatever you give them

There is a tension with clients who are taking longer to engage with the process

We are working with clients with much more severe mental health problems

There is a tension obviously in the suicidal client

For me person-centred is a way of being, it would be difficult for me to bring in something that's skills, offering a tool

When it's a person-centred service and your manager is person-centred you feel secure. Elsewhere I am an experienced counsellor and it speaks for itself. I feel secure with my person-centredness

Higher up I would feel there is a pressure. A feel of performance, they don't want person-centred really

Meetings led in a person-centred way, much more healthy, and how much more we produce, professionally and personally. Agenda led is not as productive

My other colleagues who are not person-centred are quite envious of our service

With the NHS it does feel like jumping through hoops

The Gendlin stuff came later, I worked classically at first, with the respect and empathy

When you are interested in something it kind of seeps in

Important to learn the theory in practise as well

The propositions underpin who you are as a counsellor. Understanding the psychology of your client and what you're doing

Gave me a sense of security in who I am. That doesn't get tossed about whatever

It used to be solution focused, that's come and gone

It's good to have an open mind, but it's a way of being for me. And the relationship with the client

My supervision will be about relational depth, being aware of what's going on inside me to build the therapeutic alliance

A supervisor who is not person-centred struggles with the relationship

I would find six really difficult

I like to work on endings. I flag it up

With shorter services you would have to work quicker

I really don't know how I would work with four. It would feel like maybe making them feel better

I work with the part that is distressing them

I went on an awareness day (mindfulness). I felt some of that was person-centred.

I've done the training. I want to bring that into the service. Person-centred counsellors work really well with it, it comes natural to us. Those who are goal orientated, It's harder for them. A few bits have sneaked into my one to one work

Mindfulness is about the felt sense, staying with it

I get into a way of being for fifty minutes. I have an idea of the time. I realise how institutionalised I've become

Some clients process means they start at fifty minutes, they get there

I know a counsellor who is very open to working with what the client wants, she finds many counsellors too rigid. I think I'm probably like that

Short term work, it's about how you offer it. How you offer it can be positive

I always get people to think about if they want to bring something in that represents

Tea party ending

I've had amazing endings. 1 client brought a hoover. There's never an emphasis of having to do this

## Themes Emerging

1. Theme	P1	P2	P3	P4	P5
2. The Relationship	*	*	*	*	*
3. Experience/Confidence	*	*	*	*	*
4. Dialogue	*		*	*	
5. Continuing Professional Development	*		*	*	*
Perception	*	*			
6. Resources	*	*	*	*	*
7. Power/Choice	*	*	*	*	*
8. Vulnerable Client Groups	*	*	*	*	*
Abandonment	*			*	
Fantasy	*				*
9. Being/Doing	*	*	*	*	*
10. Nice/Interventions/Outcomes	*	*	*		
11. Number of Sessions	*	*	*	*	*
12. Time-limited Informing Open Ended	*		*	*	
13. Endings	*	*	*	*	*
14. Focus	*	*	*	*	*



<b>15. More Active</b>	*	*	*	*	
<b>16. Supervision</b>	*		*		*
<b>17. Principles</b>	*	*	*	*	*
<b>18. Creativity</b>	*	*	*		
<b>19. Process</b>	*	*		*	*
<b>20. Attitude</b>	*	*	*	*	*
<b>21. Support/Management</b>	*	*	*	*	*
<b>22. Directivity</b>	*	*	*	*	*
<b>23. Silence</b>	*	*		*	

**Journal Extracts**

**Following interview 1**

Even when I am told there is no stipulation on how I work, I feel constrained by requirements and constantly jump through hoops to meet the differing needs of organisations and the needs of clients which can be very different

My most precious learning comes from experience

People grow given the right conditions. I think perhaps even given just better conditions

I sometimes feel oppressed and suppressed by systems, but not by time limited services per say

My middle childhood experiences formed my approach to endings. They come easily to me. I wonder if I acknowledge others when they have a different reaction to endings. I also wonder if this is why I find myself working in time limited services

**Following interview 2**

I find that mostly when clients are aware of time limit, they come prepared, and I trust them to engage in what is right for them. I trust their resilience and autonomy, but I share with them my knowledge and skills, not withholding

I believe I manage to hold onto the holistic value

In my experience time limited work can be equally creative. I am in fact often amazed by the creativity that clients display

I work hard to match the client in language etc from the start

I believe that the problem with outcome measures is that they are used to determine the therapy

I don't believe that the process stops for the client, ever. Only for the counsellor, and this is so of open ended work also

### **Following Interview 3**

Processing of material can be so very subtle.

I would agree that empathy is inherently directive and for me, so is congruence

I work for many different services. All with very different expectations, and somehow it seems that I am expected to know what they are

I wouldn't consider art materials etc. to be directive if they are just available to the client

For me, therapy is not necessarily just talk although perhaps the favoured and expected medium for most of my clients

This interview has highlighted how I struggle with the very talkative client who presents with content. I think I am far more challenging of this in time-limited work

### **Following interview 4**

On endings – I can understand the importance of preparing for them with a twelve session model, and I probably do this, so perhaps I do acknowledge clients' attitudes to endings more than I give myself credit for. In open ended work I find it is the client who raises the issue (unless I have an ethical reason to do so). With four sessions, I

find it inappropriate and unnecessary to raise endings. Therefore, the stated number of sessions greatly influences my attitude to endings

I have increased my supervision as it seems important in order to be able to check things out before the client has ended and moved on

An attitude of being is of utmost importance. If I start to feel the need to make it better, then this gets in the way and is unhelpful for the client

Animated suspension could be around for clients, but I can't really know that although it may be around for me. This however is a familiar feeling for me as when any client leaves I am unlikely to know where their journey takes them next

Talking world affairs/ playing cards – anything can have therapeutic value for different people. Often, we probably don't even know what is valuable to the client. I am usually surprised by feedback given by clients as to what they have valued

I believe we do have a responsibility as therapists to be alert for clients who try to abuse the system and to work with this in any setting

One of my contracts requires me to provide integrated CBT and clients come thinking they are having CBT. As my orientation is person-centred, this is what they are getting. The integrated bit is the paperwork that they keep. Yes, they do go away thinking that they have had CBT

I wouldn't consider CBT to be for the less psychologically minded, but rather differently psychologically minded. I would never make a list for example, for shopping or Christmas cards, that's just not how I work. I could have the shopping

done and cards written by the time I've done the lists. I have to be so aware of this when working with people for whom lists do work

### **Following Session 5**

My time-limited practice has enabled me to be more a part of the clients' processing. There is more processing 'with' the client, more transparency of the clients' process and this demonstrates the effectiveness

I feel it is far more important in time-limited work to be grounded and resilient myself

I am so uncomfortable with services asking for my 'clinical opinion'. I am not a clinical practitioner

**The Battle of Quality versus Quantity**

*I chose qualitative research over quantitative*

*Explored the quality of relationships*

*And quantity as time*

*The quality of the work*

*Is now uppermost in mind*

*In life I value quality*

*I measure quantity as time*

*It seems they don't live side by side*

*For me*

*Ever conscious of time*

*In this constant battle*

*Demanding of me*

*I rush, I squeeze,*

*I steal a bit*

*For the sake of quality*

*And this has been my process*

*My day, my life, my research*

*But I learn from dance, to keep in time*

*No rush, or squeeze, no stealing*